

Case Number:	CM13-0002237		
Date Assigned:	12/27/2013	Date of Injury:	12/01/2006
Decision Date:	02/26/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 65-year-old male who reported an injury on 12/01/2006. The patient's most recent clinical date was from 06/05/2013, in which he presented with lower back pain that radiated to the right buttock and to the hamstring with lower right numbness in the right number 5 toe with a loss of sensation. The physical examination revealed decreased sensation in the L5 dermatomal distribution. Current diagnosis included lumbar degenerative disc disease. However, there is no further clinical documentation from which to refer to. The physician is now requesting a right L5 transforaminal epidural steroid injection; physical therapy with no frequency, duration, or body part given; Vicodin 5/500 mg tablets, 1 every 4 to 6 hours, a total of 180 with 2 refills; and a thoracic x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right L5 Transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: Under California MTUS, it states that epidural steroid injections are recommended as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. In the case of this patient, although he had been having symptoms of radiculopathy on his 06/05/2013 clinical date, there are no further or current comprehensive physical examinations for review to given a current update of the patient's pathology. Therefore, at this time, the medical necessity for an epidural steroid injection cannot be established. As such, the requested service is non-certified.

Physical therapy (frequency, duration, and body part not given): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Under California MTUS, it states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. In the case of this patient, there is no current documentation providing a comprehensive physical examination. Therefore, the patient's current pathology is unclear and the medical necessity for active therapy cannot be established. Furthermore, the physician has failed to indicate at which area of the body the physical therapy is requested for. As such, the requested service is non-certified.

Vicodin 5/500mg 1 tab q 4-6 hours #180 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale:

Thoracic x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: According to California MTUS at ACOEM, it states that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4

week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Criteria for ordering imaging studies are as follows: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In the case of this patient, with the absence of a current comprehensive physical examination, the patient's current pathology is unknown. Therefore, the medical necessity for a thoracic x-ray cannot be established. As such, the requested service is non-certified.