MAXIMUS Federal Services

Case Number:	CM13-0005048		
Date Assigned:	12/04/2013	Date of Injury:	05/25/2004
Decision Date:	02/13/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	07/31/2013

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 Rehabilitation, has a subspecialty in Pain Management 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.

CLINICAL CASE SUMMARY

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

This is a male patient with a date of injury of 5/25/04. A utilization review determination dated 7/19/13 recommends non-certification of 1 manual muscle testing procedure and 1 bilateral L5 and S1 transforaminal epidural steroid injection. A progress report dated 6/6/13 by [redacted] identifies subjective complaints including 8/10 pain in the knee and back, right buttock, and right thigh. Objective examination findings are noted to be unchanged. Diagnoses include lumbago, pain in joint of lower leg, and pain in joint of multiple sites. Treatment plan recommends bilateral L5 and S1 TFESI per [redacted]. A manual muscle testing procedure was also done: "A muscle testing procedure was performed in the office utilizing objective strength assessment of the lower extremities during the visit. Dynamic muscle testing of the lower extremities (plantar flexion) revealed that when during a maximal flexion contraction of the lower extremity the patient was able to generate a R 4/5 L 3/5 relative amount of applied force against a fixed object. The test was repeated with confirmation of visible effort and both results were within 10% of one another." A progress report also dated 6/26/13 identifies subjective complaints including lower back pain 8-10/10 with left leg pain similar to that proceeding the knee surgery, with pain in the anterior and posterior left knee worse after walking. He also complains of left knee buckling and left ankle pain. He also complains of right thigh pain. Objective examination findings identify very slight or minimal weakness of the left tibialis anterior. There is decreased lumbar lateral flexion bilaterally and extension beyond neutral reproduces right lateral thigh and groin pain. Straight leg raising was negative bilaterally and associated with low back pain. "There is inconsistencies on straight leg raise testing right. Specifically, paradoxically he felt slightly better with straight leg raise on the right greater than 30 degrees." Left hip intern

IMR ISSUES, DECISIONS AND RATIONALES

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

1 manual muscle testing procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 33,Postsurgical Treatment Guidelines.

Decision rationale: Regarding the request for 1 manual muscle testing procedure, Occupational Medicine Practice Guidelines support the use of range of motion and strength testing within the context of a standard physical examination. ODG cites that specialized testing of basic clinical abilities such as flexibility is not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. Within the documentation available for review, there is no clear rationale identifying the medical necessity of the manual muscle testing procedure outside of the scope of a routine physical examination. In the absence of such documentation, the currently requested 1 manual muscle testing procedure is not medically necessary.

bilateral L5 and S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for 1 bilateral L5 and S1 transforaminal epidural steroid injection, the California MTUS states that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there is no clearly documented pain in a dermatomal distribution, corroborative clinical exam findings, or corroborative MRI findings demonstrating significant neuroforaminal stenosis or nerve root compression. In the absence of such documentation, the currently requested 1 bilateral L5 and S1 transforaminal epidural steroid injection is not medically necessary.