

Case Number:	CM13-0013353		
Date Assigned:	10/01/2013	Date of Injury:	04/09/2010
Decision Date:	01/22/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/19/2013

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 Orthopedic Surgery 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 claimant is a 42-year-old gentleman who was injured in a work related accident on April 9, 2010 sustaining injury to the low back. Recent clinical records for review include August 28, 2013 progress report with [REDACTED] for subjective complaints of continued low back pain, worse with standing. It stated a recent epidural steroid injection which was performed provided only "temporary" relief. Objectively, there continued to be pain about the right L4 through S1 levels with right greater than left muscle spasm, positive Kemp and Patrick testing and restricted lumbar range of motion. The claimant was given the following diagnoses: 1. Lumbar disc syndrome. 2. Lumbar neuritis. 3. Lumbar facet syndrome. 4. Rotator cuff syndrome. Recommendations at that time was for continuation of chiropractic management as well as a Functional Capacity Examination and referral for repeat lumbar epidural steroid injection to be performed bilaterally at the L5-S1 level. Previous clinical imaging of the claimant's lumbar spine was not formally documented. There are records indicating multiple prior epidural steroid injections at the L5-S1 level. The date of the injection in question from the clinical note of August 2013, however, is not documented. There is documentation of prior conservative care in this case including greater than 12 sessions of physical therapy, 20+ sessions of acupuncture, over 6 prior sessions of chiropractic measures and at least 3 documented epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 1q37-138. Decision based on Non-MTUS Citation ODG, Fitness for Duty Chapter, functional capacity evaluation (FCE) chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) -- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: fitness for duty, Functional capacity evaluation (FCE)

Decision rationale: Based on Official Disability Guidelines, a Functional Capacity Examination is not indicated. Guidelines for performing Functional Capacity Examinations include prior unsuccessful return to work attempts in claimant's that are close to or at maximal medical improvement. Records in this case do not indicate prior unsuccessful return to work attempts or for that matter, physical examination findings that would contradict return to work. In absence of formal physical examination findings and the claimant's current clinical presentation, Functional Capacity Examination would not be indicated.

Chiropractic/Physical Therapy to the Lumbar Spine two (2) times a week for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Manual therapy& Manipul.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: Based on California MTUS Chronic Guidelines, continued role of manual therapy or chiropractic measures for eight additional sessions would not be supported. Records indicate the claimant has already undergone a significant course of chiropractic intervention with no demonstration of functional benefit or documented improvement. Guidelines indicate timeframe to produce effective results would be four to six treatments. Given the amount of chiropractic care already utilized, an additional eight sessions in absence of benefit would not be supported.

Repeat Transforaminal Epidural Steroid Injection bilaterally at L5S1: 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: Based on California MTUS Chronic Pain Guidelines, epidural steroid injection would not be indicated. The claimant has undergone multiple prior epidural steroid injections in this case including one that was performed recently that demonstrated only

"temporary relief". The claimant's clinical imaging demonstrating compressive pathology is not documented for review nor are positive physical examinations available that demonstrate a radicular process for which further intervention with epidural injections would be indicated. The request in this case is not supported at this time.