

Case Number:	CM13-0019112		
Date Assigned:	10/11/2013	Date of Injury:	05/16/1970
Decision Date:	02/13/2014	UR Denial Date:	08/11/2013
Priority:	Standard	Application Received:	09/03/2013

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 Anesthesiologist, Pain Medicine; and is licensed to practice in Florida. 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 43-year-old male who reported an injury on 05/16/1970. The latest clinical note submitted for this review is dated 08/06/2012 by [REDACTED]. The patient reported 8/10 pain. Physical examination revealed bilateral motor weakness in the upper extremities, decreased sensation, tenderness to palpation with moderate spasm, and restricted range of motion of the cervical, thoracic, and lumbar spine. Treatment recommendations included a lumbar spine MRI and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 cervical 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, Neck and Upper Back (Acute & Chronic)

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by

imaging studies and/or electrodiagnostic testing. Patients should also prove initially unresponsive to conservative treatment. Given the lack of recent clinical information submitted for this review, the current request cannot be determined as medically appropriate. There is no evidence of a failure to respond to recent conservative treatment. There are also no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. Therefore, the request is non-certified.

1 LSO back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar Supports

Decision rationale: The Physician Reviewer's decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. As per the clinical notes submitted, the patient's injury was on 05/16/1970. The patient is well beyond the acute phase of treatment. Without recent documentation of a physical examination, the medical necessity cannot be established. Therefore, the request is non-certified.

Unknown chiropractic treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OGD Chiropractic Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: California MTUS Guidelines state manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. Given the lack of recent documentation including a recent physical examination, the current request cannot be determined as medically appropriate. It is also unknown whether the patient has completed previous chiropractic treatment, given the date of injury. Based on the lack of clinical information received, the request is non-certified.

1 heating pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): s 173-174; 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Cold/Heat Packs

Decision rationale: The Physician Reviewer's decision rationale: California MTUS/ACOEM Practice Guidelines state at home local applications of heat or cold are as effective as those performed by therapists. Official Disability Guidelines state cold/heat packs are recommended as an option for acute pain. As per the clinical notes submitted, the patient's injury was on 05/16/1970. The patient is well beyond the acute phase of treatment. Without recent documentation of a physical examination, the medical necessity cannot be established. Therefore, the request is non-certified.