MAXIMUS Federal Services

Case Number:	CM13-0020551		
Date Assigned:	10/11/2013	Date of Injury:	12/02/2009
Decision Date:	02/10/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/05/2013

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 Family Practice, and is licensed to practice in Texas. 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 25 year old female who reported an injury on 12/02/2009. The mechanism of injury was a fall. The patient was diagnosed with lumbosacral spine chronic sprain/strain, superimposed upon mild posterior disc degeneration at L5-S1, with mild 2mm far left posterolateral disc protrusion per MRI on 04/18/2013, status post right carpal tunnel release with limited range of motion, right shoulder impingement and right ulnar entrapment. The clinical documentation dated 04/22/2013 stated the patient complained of pain to the cervical spine, right shoulder, right wrist/hand and low back. The patient also complained of headaches secondary to the neck pain. The patient had been treated with an epidural steroid injection to the cervical spine. The patient had decreased range of motion in the cervical spine and right shoulder. The clinical noted dated 05/22/2013 treatment plan was physical therapy 2 times a week for 6 weeks, acupuncture once a week for 6 weeks, psychotherapy 2 times a week for 6 weeks and an epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine epidural steroid injection with facet block at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300,Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The clinical documentation submitted for review does not meet the guideline recommendations. The patient complained of pain to the cervical spine, right shoulder, right wrist/hand and low back. The patient also complained of headaches secondary to the neck pain. The patient had been treated with an epidural steroid injection to the cervical spine. CA MTUS recommends epidural steroid injections. The guidelines state that Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain. The purpose of an ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. The criterion for injection includes but is not limited to radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance; with no more than two nerve root levels injected using transforaminal blocks and no more than one interlaminar level injected at one session. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. However, the guidelines do not recommend epidural steroid injections to be given with facet blocks. There was no clinical documentation submitted indicating failure of conservative care, i.e. physical therapy, home exercise, or acupuncture treatment. Also, there was no documentation showing any radicular findings as recommended by the guidelines for epidural steroid injections. CA MTUS/ACOEM recommends facet blocks with the documented failure of conservative care and the absence of radicular findings. There was no clinical documentation submitted indicating failure of conservative care, i.e. physical therapy, home exercise, or acupuncture treatment. Given the lack the clinical documentation to support the guidelines, the request is non-certified.

Pre-op and post-op appointment: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary

Post op physical therapy lumbar - two (2) times a week for six (6) weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary

Acupuncture lumbar - one (1) time a week for six (6) weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.