MAXIMUS Federal Services

Case Number:	CM13-0039058		
Date Assigned:	12/18/2013	Date of Injury:	02/19/2008
Decision Date:	02/07/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/02/2013

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 New Hampshire, New York, Washington. 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 30-year-old who sustained an injury on February 19, 2008 from a motor vehicle accident. The patient has chronic low back pain. The patient had epidural steroid injections with no documentation of functional improvement. The patient still complains of low back pain with tingling radiating to the legs. The patient also has neck pain. On physical examination, the patient has a decreased range of back motion and a positive right straight leg raise. Anesthesia on the right sacroiliac was noted. Motor strength was 4+ over 5 in the right lower extremity and normal on the left lower extremity. Cervical spine revealed decreased range of motion. Diagnoses include lumbar herniated disc with radiculitis and cervical spine disc bulge. MRI imaging of the lumbar spine from June 2013 documented a 3.5 mm disc bulge at L4-5 mildly compressing the thecal sac. There was also bilateral facet arthrosis and foraminal narrowing. At L5-S1, there was also a disc bulge. There were degenerative changes present at L1 to at L2-3. MRI imaging of the cervical spine from June 2013 show disc protrusions at C2-3 C3-4 C5-6 and C6-7. There was mild spinal stenosis without significant nerve root compression. Electromyography (EMG) and nerve conduction velocity testing dated May 2013 demonstrated mild peripheral neuropathy. It also demonstrated evidence for right S1 radiculopathy. Conservative treatment to date includes physical therapy, medications, 3 epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation ODG Low Back

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

Decision rationale: The patient does not meet the established criteria for use of the lumbar brace. Lumbar brace is not medically necessary and not likely to relieve chronic lumbar back pain from degenerative conditions.

Interferential (IF) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

Decision rationale: Interferential (IF) unit is not recommended as an isolated intervention for chronic low back pain. There is no quality evidence to justify the effectiveness of If unit. In addition, the record does not reveal that this intervention has been implemented in conjunction with an exercise program or other program of evidence-based functional restoration. Therefore, the requested interferential unit is not supported at this time.

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

Decision rationale: For continuation of opioid therapy, there should be ongoing reviewing documentation of pain relief, functional status, appropriate medication usage, and side effects. Pain assessment should include current level of pain, we supported pain over. Pain intensity after taking opioid, how long her pain relief after taking opioid. Satisfactory response to narcotic therapy may be indicated by the patient's decreased pain, increased level of function or improve quality of life. None of these measures are documented in the chart. There is no documentation that the patient has shown functional improvement with the ongoing use of Norco. Medical necessity for the use of Norco has not been established.

lumbar epidural steroid injection (LESI) at L4-5 and L5-S1: Upheld

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

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

Decision rationale: Established guidelines for epidural steroid injections have not been met. This patient reportedly has had previous epidural steroid injections. There is no documentation that the patient had greater than 50% pain relief for 6 weeks following the previous injections. There is also no documentation and patient functional improvement after the previous injections. Therefore, established criteria for ESI injection are not met.