

Case Number:	CM13-0042297		
Date Assigned:	12/27/2013	Date of Injury:	05/24/2004
Decision Date:	04/24/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation; Pain Management has a subspecialty in Interventional Spine 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 expert 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 37 year old male with a date of injury of 05/24/2004. The listed diagnoses per [REDACTED] are: 1) Acute aggravation of the lumbar disc 2) History of chronic low back pain with lumbar spondylosis and facet arthropathy 3) Recent exacerbation of lower extremity radicular pain, improved with acupuncture 4) History of spinal cord stimulator implantation with subsequent removal secondary to wound dehiscence. 5) Lumbar facet pain According to report dated 09/24/2013 by [REDACTED], the patient presents with increase in low back pain that is radiating down the right lower extremity on a frequent to near constant basis. Patient also continues with intermittent episodes of sharp and shooting pain all the way into the lateral and posterior calf. The flare-up has been over the last two weeks and is causing anatalgic posturing to the left. Examination of the lumbar spine reveals tenderness over the paraspinal musculature with taut muscles and spasms on the lower right musculature extending into the buttock region. Straight leg raise is positive on the right with decreased painful ROM. Treater reviewed an MRI report of the lumbar spine, date of imaging is not noted, which revealed L5-S1 3mm disc bulge with nerve impingement and slight bony stenosis. L4-5 2mm disc bulge as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 2 TIMES PER WEEK FOR 2 WEEKS LUMBAR SPINE (RX 9/24/13): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANNIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY Page(s): 58-59.

Decision rationale: This patient presents with increase in low back pain that is radiating down the right lower extremity. The treater is requesting 4 chiropractic sessions. Utilization review dated 10/11/2013 denied the request as it is not clear how many sessions the patient has completed to date and absent clear documentation the care cannot be established. MTUS recommends an option trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. In this case, review of the medical file does not show any chiropractic care or any discussions thereof. The patient's injury dates back 10 years. It is possible the patient has had chiropractic care in the past with the documentation not provided. However, given that the review of the current reports make no reference to a recent course of chiro, a short course may be reasonable. The requested 4 sessions is certified.

LUMBAR EPIDURAL STEROID INJECTION (LESI) AT L4-L5 AND L5-S1 ON THE RIGHT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: This patient presents with increase in low back pain that is radiating down the right lower extremity. The treater is request an epidural steroid injection at L4-5 and L5-S1. The utilization review dated 10/11/2013 denied the request stating clinical evaluation and diagnostic studies do not correlate. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." As examination reveals this patient has low back pain that radiates into the lower extremities with intermittent episodes of sharp and shooting pain into the lateral and posterior calf. Examination also reveals positive straight leg raise and "increased pain along the L5-S1 dermatomal level with pinwheel causing slight shocking type pain." The treater does an excellent job describing the patient's radicular symptoms. However, the MRI does not show significant stenosis or herniation to account for the patient's radicular symptoms. ESI's are not recommended unless the patient's radicular symptoms are corroborated by imaging studies. 2-3mm disc bulge findings at L4-5, and L5-1 do not constitute significant to account for the patient's radicular symptoms. The request is not certified.