

Case Number:	CM13-0044305		
Date Assigned:	12/27/2013	Date of Injury:	10/02/2012
Decision Date:	06/05/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 43 year-old male who sustained an injury to his low back on 10/02/12 when he was rear-ended in a motor vehicle accident. MRI of the lumbar spine dated 04/02/13 revealed C4-5 and C5-6 central 1mm protrusions without stenosis; C6-7 right paracentral 2mm disc protrusion without stenosis. A lumbar MRI dated 07/29/13 revealed L5-S1 broad-based disc bulge with measured annulus and mild left facet arthropathy causing mild bilateral lateral recess/foraminal narrowing; transitional S1 with left-sided right traverse process and hypoplastic S1-2. A clinical note dated 10/11/13 reported that the injured worker reported low back pain that radiates into the bilateral lower extremities with associated numbness. Physical examination noted left S1 hyperesthesia; positive straight leg raise left; antalgic gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION(UNSPECIFIED): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for epidural steroid injection is not medically necessary. It was not specified if the injection was to be administered in the lumbar or cervical spine. The level/laterality was also not specified. The California Medical Treatment Utilization Schedule (CAMTUS) states that no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. Given the clinical documentation submitted for review, medical necessity of the request for epidural steroid injection has not been established.

Additional chiropractic therapy, 2 times a week for 4-6 weeks for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The records indicate that the patient has been approved for at least 12 visits of chiropractic manipulation treatment that provided only temporary relief for 2-3 days. The California Medical Treatment Utilization Schedule (CA MTUS) states that treatment beyond 4-6 visits should be documented with objective improvement in function. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first six visits. The CA MTUS also states that one of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic. Given the clinical documentation submitted for review, medical necessity of the request for additional chiropractic therapy 2 x week x 4-6 weeks for the cervical and lumbar spine has not been established.