

Case Number:	CM13-0050253		
Date Assigned:	12/27/2013	Date of Injury:	04/11/2013
Decision Date:	04/29/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/11/2013

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 and 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:

This patient is a 47-year-old male with date of injury 04/11/2013. Per treating physician report 10/10/2013, listed diagnoses are lumbar spondylolisthesis, radiculopathy, and disk disease. The handwritten report states "LBP-leg pain" exam showed positive straight leg raise. Recommendation was for x-ray, flexion-extension, physical therapy, and lumbar epidural steroid injection. Report of the lumbar spine MRI from 05/22/2013 reads that there is a circumferential 3-mm disk bulge at L5-S1, bilateral pars defect with 10-mm anterolisthesis at this level. The doctor's first report of injury from 04/19/2013 showed that the patient fell at work, presented with intermittent moderate sharp, tingling, and burning pain in the back to right leg exacerbated by bending, lessened by rest. On this report, straight leg raise was negative, with tenderness and spasm of the right side paravertebral musculature, no sensory changes, ambulation done without difficulty. Another report 11/14/2013 listed diagnoses of lumbar disk injury, radiculopathy, spondylolisthesis. The patient was being referred to a spine surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION - LEVEL UNSPECIFIED: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Epidural Steroid Injection,Chronic Pain Page(s): 11,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Discussion: This patient presents with low back pain with radiation down the right lower extremity. MRI of the lumbar spine demonstrated 10-mm spondylolisthesis at L5-S1 with bilateral pars defect. The requesting physician has asked for lumbar epidural steroid injection. MTUS Guidelines require clear documentation of radiculopathy which is dermatomal distribution of pain/paresthesia corroborated by imaging findings. In this patient, while imaging studies show 3-mm bulging disk with spondylolisthesis at L5-S1, these findings do not account for the patient's right lower extremity. In this patient, the treating physician documents positive straight leg raise, radiating symptoms down the right lower extremity. MRI shows rather marked narrowing of both foramina at L5-S1 due to his spondylolisthesis. It may be that the severe foraminal stenosis is causing problems with the L5 nerve on the right side causing pain down the lower extremity. It is reasonable to try one injection given the patient's significant leg pain. Therefore, recommendation is for authorization.

LUMBAR SPINE X-RAYS, PA, AND FULL FLEXION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Treatment for Workers' Compensation (TWC), Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: Discussion: Given this patient's spondylolisthesis which is significant, obtaining flexion-extension views to determine segmental instability is quite reasonable. Recommendation is for authorization.

ELECTRO-ACUPUNCTURE WITH INFRARED: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: There is a request for electric acupuncture. Unfortunately, the treating physician does not specify the duration of treatment. Trial of acupuncture would be reasonable on this patient. MTUS Guidelines for acupuncture recommend trial of 3 to 6 sessions if additional treatments are provided. Review of the reports show that this patient has not had acupuncture treatment trial, and given the MTUS Guidelines support, it is reasonable to try 3 to 6 sessions. However, the treating physician does not specify how many treatments are being requested. The request for authorization form filled out by hand on 10/10/2013, the request appears to be for electric acupuncture 2 x 4. Given that MTUS Guidelines allow up to 6 sessions

of trial acupuncture, the requested 8 sessions exceeds what is recommended by MTUS. Therefore, request is denied.

MYOFASCIAL RELEASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy, Page(s): 60.

Decision rationale: There is a request for myofascial release which is similar to massage therapy. MTUS Guidelines page 16 do support massage therapy as an option but only recommends 4 to 6 sessions. In this case, the treating physician does not specify how many sessions are being requested. Given the limit of 6 visits recommended for MTUS Guidelines, the request for myofascial release without a time frame and treatment number requested cannot be considered. Therefore, request is denied.