

Case Number:	CM13-0051229		
Date Assigned:	12/27/2013	Date of Injury:	11/01/2008
Decision Date:	03/11/2014	UR Denial Date:	09/24/2013
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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, District of Columbia, Florida and Maryland. 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 claimant is a 58-year-old female who began working for [REDACTED] as a care provider in approximately 1990. The claimant states that on November 1, 2008, she was cleaning her client's home. She went to move a couch to vacuum underneath it when she felt a burning sensation in the low back that shot through her entire body (like a wave). She was unable to move for approximately a week or two, after which she could no longer tolerate her pain. She reported the injury. She was advised to seek treatments on her own. The claimant states she did not initially report the injury because she thought her symptoms would resolve and for fear of losing her job. On November 11, 2008, the claimant sought treatment at [REDACTED] emergency room in [REDACTED]. She presented complaining of neck, mid back, low back, bilateral shoulder, and left hip pain. She was examined, x-rays were taken and MRI scans were obtained. She was given an injection for pain. Medication was prescribed and she was released to home. An orthopedic consultation was recommended. In November 2008, the claimant sought treatment at [REDACTED] emergency room due to excruciating pain. She was examined and her prior studies were reviewed. The current diagnoses are discogenic sciatic radiculopathy, mechanical low back pain syndrome and abnormal posture/flexionantalgia. The treatments include therapeutic exercise, activity modification and diagnostics. In the most recent report on file, dated September 5, 2013, [REDACTED] notes the patient complains of increased low back pain and bilateral lower extremity pain with cramping pain into the right lower extremity more so than the left. Pain is 7-8+/10. The stance stability test demonstrates a 3 minus result in all 4 test positions. With transverse arch tape in place, this is improved to 2 minus result in all 4 test positions. With transverse and longitudinal arch tape in place, this is improved to a 1 to 2 minus reduction of stance stability in all 4 test positions. The tandem toe walking is reduced on the right more so

than the left as a result of weakness to plantar flexion on the right more so than the left. Straight leg raise is positive on the right more so than the left at 35 degrees on the right and 45 on the left. There is motor weakness in the L5 and S1 distribution. Under recommendation he stated this patient should also be evaluated by a pain management specialist in consideration of the extent of pain and disability secondary to sciatic radiculopathy. This patient was instructed in the modified [REDACTED] countertop assisted therapeutic exercise protocol. These exercises were demonstrated and performed over the course of 15 minutes. This patient was scheduled for reevaluation on September 6, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective nerve root block at right L5-S1 and L4-L5: Upheld

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

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

Decision rationale: Regarding a request for a selective nerve root block at right L5-S1 and left L4-5. The California MTUS 2009 Chronic Pain Treatment Guidelines recommend this injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials. There is objective documentation of radicular pain on the physical exam, including a positive straight leg raise; however, there is no diagnostic evidence of neuroforaminal stenosis or nerve root impingement at the requested injection level. Therefore, based on the currently available information, the medical necessity for this treatment has not been established.

Supplement #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC-Pain-(Chronic), Medical Foods.

Decision rationale: This is a request for [REDACTED] supplement (Calcium Lactate, Kelp, Magnesium citrate, alfalfa (whole plant), water, and calcium stearate). According to US FDA, Medical Food is "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. The ODG guidelines state there is no showing of any meaningful benefits in the treatment of chronic pain and only considers potential use with

documented, detailed proof of nutritional deficiencies. Therefore the request for [REDACTED] is not medically necessary.