

Case Number:	CM13-0051498		
Date Assigned:	04/09/2014	Date of Injury:	06/27/2013
Decision Date:	05/08/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/14/2013

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 & Rehabilitation, 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 55-year-old male with date of injury 06/27/2013. Per treater's report 10/31/2013, the patient presents with extreme pain down lumbar spine particularly after sitting but no numbness and tingling down the legs. Radiation of pain is noted down to the knee region. Diagnostic impression was myofascial lumbar pain with facet spondylosis at L5-S1 degeneration, neuroforaminal narrowing. Radiographic review showed x-rays showing no gross pathology. However, MRI of the lumbar spine showed central disk protrusion with left-sided L5-S1 neuroforaminal stenosis which was severe. Objective findings showed negative straight leg raise testing, normal strength, tenderness along the lateral tibial plateau, tenderness to palpation over the lumbosacral junction of the spine all along the paraspinal fusion. The treatment recommendation states that the patient no longer returned to work due to pain and would like epidural and facet injections as well as home physical therapy and chiropractic adjustments. Recommendation was to order MRI of the left knee to visualize the mass.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT EVALUATION FOR EPIDURAL INJECTIONS OF THE LUMBAR SPINE: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), 127

Decision rationale: This patient presents with chronic low back pain with radiation down the lower extremity with central disk protrusion at L5-S1. The treating physician has asked for pain management evaluation to consider epidural steroid injection. Based on the information provided by this treater, there does not appear to be an indication for epidural steroid injection but the referral to pain management specialist to consider various different types of injections may be reasonable. Referral to a specialist for more a thorough evaluation and discussion may be appropriate as well. ACOEM Guidelines page 127 allows for specialty referral for complex cases. In this case given the patient's persistent pain, it is complex. Recommendation is for authorization.

EVALUATION FOR CHIROPRACTIC MANIPULATION OF THE SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

Decision rationale: This patient presents with low back pain. MRI showed disk protrusion at L5-S1. The treater has asked for "evaluation for chiropractic manipulation of the spine." ACOEM Guidelines does allow for specialty referral if the case is complex. In this case, the request is for simple evaluation and the patient should be allowed for an evaluation. Review of the reports does not show that this patient has had prior chiropractic treatments. MTUS Guidelines allow up to 6 sessions of chiropractic trial and there is no reason to allow of evaluation regarding chiropractic manipulation. Recommendation is for authorization.