

Case Number:	CM13-0051578		
Date Assigned:	12/27/2013	Date of Injury:	05/12/2010
Decision Date:	03/11/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine and Rehabilitation 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 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 patient is a 59-year-old male who reported an injury on 05/12/2010. The mechanism of injury was noted to be the patient bent over to pick up a cord and felt a sudden pain in his back. The patient was noted to have a cervical spine epidural in 07/2013 and was noted never to have had a lumbar spine epidural injection. The patient was noted to have low back pain with radiation down to the left leg and to the foot and the patient indicated that both of his feet fall asleep. The patient was noted to have restarted physiotherapy which helped temporarily. The patient's myotomal testing was noted to be within normal limits. The patient was noted to have areas of hypoesthesia within the dermatomal areas corresponding to the nerve root levels of C5 and L5 on the right. The patient's sitting root test was noted to be positive bilaterally. The patient was noted to have a lumbar MRI in 2012. The patient was noted to have slight bilateral neural foraminal stenosis at L5-S1 with the L5 exiting nerve roots that were unremarkable. The patient's diagnosis was noted to be lumbar disc bulge with radiculitis. The request was made for a lumbar epidural steroid injection times 1, an MRI of the lumbar spine sitting, and physiotherapy 2 times a week for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection x1: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend an epidural steroid injection when a patient has radiculopathy that is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and indicate it must be initially unresponsive to conservative treatment. The clinical documentation submitted for review failed to provide the official MRI read. Additionally, it failed to indicate the patient had objective findings upon physical examination as there was a lack of myotomal and dermatomal findings to support the radiculopathy. Additionally, the submitted request failed to indicate the level or laterality for the request. Given the above, the request for a lumbar epidural steroid injection times 1 is not medically necessary.

MRI lumbar (sitting): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

Decision rationale: Official Disability Guidelines indicate that a repeat MRI should be reserved for patients who have a significant change in symptoms and/or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the patient had a previous MRI in 2012. There was a lack of documentation indicating the patient had a significant change in symptoms and/or findings suggestive of a significant pathology. Given the above, the request for MRI, lumbar (sitting) is not medically necessary.

Physio 2x2 with core stabilization and cervical, deep cervical flexor, and shoulder decomp exercise program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine Page(s): 98-99.

Decision rationale: California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review indicated that the patient restarted physiotherapy and had temporary relief. There was a lack of documentation indicating objective functional

improvement. Additionally, there was a lack of documentation indicating the quantity of sessions the patient had participated in. Additionally, as the patient's injury was noted to be in 2010, the patient should be well versed in a home exercise program. Given the above, the request for "Physio 2x2 with core stabilization and cervical, deep cervical flexor, and shoulder decomp exercise program" is not medically necessary.