MAXIMUS Federal Services

Case Number:	CM14-0109031		
Date Assigned:	08/01/2014	Date of Injury:	12/30/2013
Decision Date:	10/14/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/14/2014

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 is licensed to practice in Nevada. 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:

The records, presented for review, indicate that this 57-year-old individual was reportedly injured on December 30, 2013. The mechanism of injury was noted as a fall at work. The most recent progress note, dated June 26 2014, indicated that there were ongoing complaints of low back and leg pains. The physical examination demonstrated an obese individual with a decreased lumbar spine range of motion and tenderness to palpation. Diagnostic imaging studies objectified an ordinary disease of life spinal stenosis secondary to degenerative changes. Previous treatment included multiple medications and conservative care. A request had been made for additional physical therapy and was not certified in the pre-authorization process on June 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy times twelve (12): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As outlined in the ACM guidelines, there is no specific recommendation for or against physical therapy. However, when noting the date of injury, the injury sustained, and

the findings on physical examination, there is no clinical indication as to why transition to home exercise protocol would not be sufficient. Furthermore, the MRI clearly establishes marked ordinary disease of life degenerative changes and there is no objectification of an acute osseous abnormalities or disc lesion compromising a specific nerve root. Therefore, this is not medically necessary.

Bilateral Lumbar Epidural Steroid Injection via caudal approach: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301,Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: As outlined in the MTUS, such injections are supported when there is specific objective data noting a radiculopathy and corroborated by physical examination. The MRI did not establish a disc lesion or nerve root compromise, and the physical examination does not support a verifiable radiculopathy. There is no electrodiagnostic evidence presented for review. As such, this is not medically necessary.

Facet injections L3-L4, L4-L5, L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and Lidocaine) are of questionable merit. This treatment offers no significant long term functional benefit nor does it reduce the need for surgery. When noting the changes on MRI, it is clear that this would be addressing ordinary disease of life degenerative changes. That point notwithstanding there is no narrative presented to suggest that less invasive modalities would be efficacious. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Therefore, the medical necessity has not been established.

Pre-epidural testing-labs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-epidural Electrocardiogram (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Retro:Trigger Point Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections. Decision based on Non-MTUS Citation Online Occupational Disability Guidelines (ODG) http://www.odg-twc.com/odgtwc/low_back.htm

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: It is recommended only for myofascial pain syndrome with limited lasting value and not recommended for radicular pain. Trigger point injections, with an anesthetic such as Bupivacaine, are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. The physical examination does not identify specific myofascial trigger points that would be receptive to such intervention. Therefore, there is insufficient medical information presented to establish the medical necessity of this procedure.