MAXIMUS Federal Services

Case Number:	CM14-0024502		
Date Assigned:	06/11/2014	Date of Injury:	01/21/2005
Decision Date:	08/21/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/26/2014

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, has a subspecialty in Pain Management, 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:

The patient is a 54-year-old with an injury date on January 21, 2005. Based on the January 16, 2014 report, the patient complained of recurrent pain in the lower back that radiated down both legs. The treater states, The patient had an epidural injection in March of 2013 which was very helpful, but now the pain is beginning to return. The epidural injection actually provided over 50 percent reduction of pain for close to ten months. On September 9, 2013 report, the treater indicates, EMG nerve conduction study which shows L4, L5 and S1 lumbar radiculopathy which is the location where we have issues. The patient has spinal stenosis at L5-S1, less so at L4-L5. Reports from September 9, 2013 to January 16, 2014 do not include examination or diagnoses and the EMG report was not provided for this review. [redacted] is requesting lumbar epidural steroid injection (LESI) at bilateral L4-L5 and chiropractic 2 times per week for six weeks to lumbar spine. The utilization review denied the request on February 4, 2014. [redacted] is the requesting provider, and he provided treatment reports from September 9, 2013 to January 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (LESI) at bilateral L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESI's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46,47.

Decision rationale: According to the January 16, 2014 report by [redacted] this patient presents with recurrent pain in the lower back that is radiating down both legs. The treater is requesting a lumbar epidural steroid injection (LESI) at bilateral L4-L5. The utilization review denied the request but the rationale is not clear. The Chronic Pain Medical Treatment Guidelines has the following regarding ESI under chronic pain section page 46 and 47 Recommended as an option for treatment for radicular pain. For repeat injections during therapeutic phase, continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication for six to eight weeks with a general recommendation of no more than 4 blocks per year. Review of the reports from September 9, 2013 to January 16, 2014 do not show any discussion regarding pain reduction, functional improvement or medication use reduction following lumbar ESI from March 2013. The patient's clinical presentation appear similar and the reports do not describe the patient's condition very well. In addition, radicular pain in a specific dermatomal distribution is not well described and while EMG shows evidence of multilevel radiculopathies, the information is clear. It is not known how the patient can have L4 radiculopathy when MRI showed spinal stenoses at L4-5 and L5-1. Furthermore, injection into L4-5 level would miss the spinal stenoses at L4-5 and L5-1, only addressing L4 nerve roots. The request for an LESI at bilateral L4-L5 is not medically necessary or appropriate.

Continued chiropractic care for the lumbar spine, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: According to the January 16, 2014 report by [redacted] this patient presents with recurrent pain in the lower back that is radiating down both legs. The treater is requesting continuation of chiropractic treatments 2 times a week for 6 weeks. The treating physician's report and request for authorization containing the request is not included in the file. Regarding Chiropractic care, MTUS recommends an option trial of six visits over two weeks with evidence of objective functional improvement, a total of up to eighteen visits over six to eight weeks. For recurrences/flare-ups, re-evaluate treatment success and if return to work is achieved, then one to two visits are allow every four to six months. In this case, review of the medical file does not show any chiropractic care or any discussions thereof. If the patient did not have any recent therapy, a short course may be warranted. However, the requested 12 sessions exceed what is recommended by MTUS guidelines. Therefore, the request for continued chiropractic care for the lumbar spine, twice weekly for six weeks, is not medically necessary or appropriate.