

Case Number:	CM14-0029750		
Date Assigned:	06/16/2014	Date of Injury:	04/13/2012
Decision Date:	07/21/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/07/2014

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, 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:

The patient is a 33 year old female with an injury date of 04/13/12. Based on the 08/20/13 Qualified Medical Evaluation report provided by [REDACTED] the patient complained of pain in her right shoulder, lower back, left knee, and right foot/ankle when she was initially seen on 04/13/12. There was no list of diagnoses provided. [REDACTED] is requesting for the following: 1. Lumbar epidural steroid injection 2. Physical therapy 3 x 4 to lumbar spine 3. Medical clearance The utilization review determination being challenged is dated 02/17/14. [REDACTED] is the requesting provider and he did not provide any treatment reports. However, there were two Qualified Medical Evaluations provided, dated 06/03/13 and 08/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION: Upheld

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

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

Decision rationale: According to the 08/20/13 Qualified Medical Evaluation report provided by [REDACTED], the patient complained of pain in her right shoulder, lower back, left

knee, and right foot/ankle when she was initially seen on 04/13/12. The request is for a lumbar epidural steroid injection. There is no indication of any previous lumbar epidural steroid injections, nor were there any MRI's provided showing herniations or stenosis. MTUS guidelines state, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In the absence of a clear dermatomal distribution pain corroborated by an imaging and an examination demonstrating radiculopathy, ESI Is not indicated. Lumbar epidural steroid injection is not medically necessary and appropriate.

PHYSICAL THERAPY 3X4 TO LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

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

Decision rationale: According to the 08/20/13 Qualified Medical Evaluation report provided by [REDACTED] the patient complained of pain in her right shoulder, lower back, left knee, and right foot/ankle when she was initially seen on 04/13/12. The request is for physical therapy 3 x 4 to lumbar spine. MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the treater has asked for 12 total sessions of therapy for the patient's cervical spine. A short course of treatment may be reasonable if the patient is flared-up, has a new injury or aggravated. However, such documentations are not provided and the request of 12 sessions exceeds what is allowed per MTUS. Recommendation is for denial.

MEDICAL CLEARANCE: Upheld

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

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

Decision rationale: According to the 08/20/13 Qualified Medical Evaluation report provided by [REDACTED] the patient complained of pain in her right shoulder, lower back, left knee, and right foot/ankle when she was initially seen on 04/13/12. The request is for medical clearance, presumably for the requested ESI. Given that ESI is not recommended, there is no need for any medical clearance. Furthermore, ESI procedure does not require medical clearance. Review of the MTUS, ODG guidelines do not discuss any need for medical clearance prior to an ESI. Recommendation is for denial.