MAXIMUS Federal Services

Case Number:	CM14-0030652		
Date Assigned:	06/20/2014	Date of Injury:	10/26/2001
Decision Date:	07/17/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 48-year-old male who reported an injury on 10/26/01. The mechanism of injury involved heavy lifting. The current diagnoses are musculoligamentous strain of the lumbar spine with a history of radiculitis and discogenic disease. Previous conservative treatment includes physical therapy and epidural steroid injections. The injured worker was evaluated on 2/20/14 with complaints of lower back pain rated 9/10. Physical examination revealed a mildly antalgic gait, tenderness to palpation, paravertebral muscle spasm, limited range of motion, positive straight leg raising, positive Lasegue's testing, diminished strength in the left ankle, and hypoesthesia over the left calf. Treatment recommendations at that time included authorization for an MRI of the lumbar spine, physical therapy, epidural steroid injections, trigger point injections, a lumbosacral corset, a urine drug test, and prescriptions for Norco and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Trigger Point Injection L/S, QTY: 2 completed on 02/20/2014: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that trigger point injections are recommended only for myofascial pain syndrome. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Radiculopathy should not be present. As per the documentation submitted, the patient does maintain a history of lumbar radiculitis. The injured worker's physical examination does reveal diminished sensation, weakness, and positive straight leg raising. There was no evidence of circumscribed trigger points with a twitch response. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.

Physical Therapy visits, QTY: 6-8: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. It can also alleviate discomfort. There was no specific body part listed in the current request. There is also no documentation of the previous course of physical therapy with evidence of objective functional improvement. As such, the request is not medically necessary.

Magnetic Resonance Imaging (MRI) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. The Official Disability Guidelines state that indications for imaging include thoracic or lumbar spine trauma with neurological deficit, uncomplicated low back pain with radiculopathy after one month of conservative therapy, uncomplicated low back pain with a suspicion for red flags, or myelopathy. As per the documentation submitted, the injured worker has previously undergone an MRI of the lumbar spine on three separate occasions. The medical necessity for a repeat imaging study has not been established. There is no documentation of a progression or worsening of symptoms or physical examination findings. As such, the request is not medically necessary.

Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehabilitative efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There were no imaging studies or electrodiagnostic reports submitted for this review. It is also noted that the injured worker has been previously treated with epidural steroid injections. However, there is no objective evidence of 50% pain relief with an associated reduction of medication use following the initial injection that would warrant the need for a repeat injection. Additionally, the specific level at which the epidural steroid injection will be administered was not listed in the request. As such, the request is not medically necessary.

Lumbosacral Corset: Upheld

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

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. As per the documentation submitted, the injured worker is greater than 13 years status post injury. Therefore, the injured worker is no longer within the acute phase of treatment. There was also no evidence of significant instability upon physical examination. The medical necessity for the requested durable medical equipment has not been established. As such, the request is not medically necessary.