

Case Number:	CM14-0032774		
Date Assigned:	06/20/2014	Date of Injury:	12/30/2011
Decision Date:	07/21/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/14/2014

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 injured worker is a 42-year-old female was reportedly injured on December 30, 2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated February 17, 2014, indicated that there were ongoing complaints of mid and low back pain with associated weakness and numbness in the right lower extremity. The physical examination demonstrated tenderness and guarding over the lumbar paravertebral musculature. There were trigger points along the lumbar paraspinal muscles as well. Muscle strength of the lower extremities was rated at 4/5. There was also decreased range of motion of the lumbar spine. Diagnostic imaging studies objectified multilevel degenerative disc disease with disc desiccation, osteophyte formation and slight narrowing of the disc height at L1-L2, L4-L5 and L5-S1. There was also a disc protrusion at L4-L5 and L5-S1. The treatment plan included lumbar epidural steroid injections, a CT scan of the lumbar spine and referral for chiropractic care. A request had been made for a lumbar epidural steroid injection, a computed tomography (CT) scan of the lumbar spine and chiropractic care and was not certified in the pre-authorization process on February 28, 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 L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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 - Lumbar & Thoracic (Acute & Chronic), epidural steroid injections, July 3, 2014.

Decision rationale: The Official Disability Guidelines state that a radiculopathy must be documented with objective findings on physical examination corroborated by imaging studies. In this case, there were no objective findings on the most recent physical examination dated February 14, 2014, nor is there any evidence of nerve root compression on MRI. Therefore the request for lumbar dural steroid injections at the L4-L5 level is not medically necessary and appropriate.

CT SCAN OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

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 - Lumbar & Thoracic (Acute & Chronic), CT, July 3, 2014.

Decision rationale: The Official Disability Guidelines recommend that a CT scan can only be performed on the lumbar spine in the presence of a neurological deficit. In this case, there was no neurological deficit noted in the attached medical record. For these reasons, the request for a CT of the lumbar spine is not medically necessary and appropriate.

CHIROPRACTIC THREE 93) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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

Decision rationale: According to the medical records provided, the injured employee has previously received chiropractic care; however, there was no documentation of any significant benefit received from this treatment to include pain relief. Therefore, the request for chiropractic care three times a week for four weeks is not medically necessary and appropriate.