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| Case Number: | CM14-0034071 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 03/08/2013 |
| Decision Date: | 07/18/2014 | UR Denial Date: | 03/03/2014 |
| Priority: | Standard | Application Received: | 03/18/2014 |

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 Medicine, and is licensed to practice in Texas and Oklahoma. 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 51 year old male with multiple reported injuries on January 27, 0211, March 8, 2012 and March 8, 2013. The injured worker acquired his injuries working as a fireman/paramedic. The injured worker had an examination on May 9, 2014 due to complaints of constant back pain with prolonged standing, walking, bending and stooping activities on a scale of 8/10. He complained that he had spasms 30% of the time. He did report some improvement with rest, ice, heating pad, hot baths, Soma, Norco, physical therapy, acupuncture, chiropractic care and walking. Other medications that were listed were Andro gel, Invokana and Crestor. The exam revealed that straight leg raises caused increased back pain, but no radicular pain into the legs. The Lumbar radiographic images revealed a loss of lumbar lordosis, multilevel degenerative disc disease throughout the lumbar spine. There also was a left-sided laminectomy defect in the lamina at L5. The injured worker has received physical therapy, chiropractic care and acupuncture with clinical improvement and had returned to work on February 13, 2014. The requests for authorization were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection Bilateral L2-3, L3-4, L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend that no more than two nerve root levels should be injected. The request is asking for three levels which is more than the recommended amount. Also the guidelines state that therapeutic repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. There is no evidence of 50% pain relief and increased function, nor is there evidence of reduction of medication use. The request for epidural steroid injection at bilateral L2-L3, L3-L4, L4-L5 is not medically necessary or appropriate.

12 sessions of Chiropractic Treatment: 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 and manipulation Page(s): 58-59.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend therapeutic care for chiropractic treatment for a total of eighteen visits over six to eight weeks. Maintenance care is not medically necessary. There is lack of evidence of how many chiropractic sessions the injured worker had already received and the efficacy. The guidelines also recommend if the injured worker has returned to work to have one to two visits every four to six months. The request for twelve sessions is over the recommended limit. The request for twelve sessions of chiropractic treatment is not medically necessary or appropriate.