

Case Number:	CM14-0034729		
Date Assigned:	06/20/2014	Date of Injury:	11/23/2007
Decision Date:	07/18/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/20/2014

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 & Rehabilitation and is licensed to practice in California and Washington. 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 38 year old female with a reported injury on 11/23/2007. The mechanism was not provided. She had an exam on 02/03/2014 for a routine follow-up with complaints of tenderness, spasms and decreased range of motion to lumbar spine. There was not a medication list provided. The diagnoses included lumbar strain and sprain and neck strain and sprain. The request for the neuromuscular stimulator was signed on 02/14/2014. The rationale was not provided. The request for authorization for the lumbar epidural steroid injection and the rationale was not provided.

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 (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESI's) Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend epidural steroid injections as an option to treat radicular pain. There was no evidence provided to support radiculopathy pain, there was no evidence on the exam, and no imaging

studies mentioned. The guidelines also recommend injections if the patient is unresponsive to conservative treatment such as exercise, physical methods, non-steroidal anti-inflammatory drug (NSAIDS) and muscle relaxants there is lack of documentation of a medication list and the efficacy, there is lack of evidence of an exercise program or physical therapy. Furthermore the request does not specify which lumbar levels to be injected. Therefore the request for lumbar epidural steroid injection is not medically necessary and appropriate.

Request for DME: ART neuromuscular stimulator x 1 month trial for lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation Page(s): 121.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that stimulation therapy can be useful in a supervised physical therapy setting. There is a lack of evidence of previous physical therapy. There was no mention of continuing physical therapy. There was a lack of documentation regarding physical functional deficits. The California MTUS Guidelines state the unit is not recommended, there is no evidence to support its use in chronic pain. Therefore the request for neuromuscular stimulator injection is not medically necessary and appropriate.