

Case Number:	CM14-0034766		
Date Assigned:	06/20/2014	Date of Injury:	11/13/2013
Decision Date:	08/07/2014	UR Denial Date:	03/11/2014
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 and Rehabilitation, 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 44-year-old female with date of injury of 11/13/2013. The listed diagnoses per [REDACTED] dated 03/11/2014 are: Thoracic sprain/strain; Lumbar sprain/strain; Sciatica; Lumbar spine IVD displacement. According to this report, the patient complains of back pain with decreased range of motion. She rates her pain as moderate to severe radiating into the right leg. The objective findings show the lumbar spine bracing helps with walking. The rest of the handwritten report was difficult to decipher. The utilization review denied the requests on 03/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits x8 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS under its chronic pain section has the following regarding manual therapy and treatments Page(s): 58-59.

Decision rationale: The MTUS Chronic Pain Guidelines page 58 and 59 on manual therapy and manipulation states that it is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. A trial of 6 visits over 2 weeks is recommended and with evidence of objective functional improvement up to 18 visits over 6 weeks. The medical records provided for review do not show any recent or prior chiropractic treatment reports to verify how many treatments the patient received and with what results were accomplished. In this case, while the patient may benefit from an initial trial of chiropractic treatment, the requested 8 sessions exceed the MTUS Chronic Pain Guidelines' recommended 6 initial visits over 2 weeks. As such, the request is not medically necessary and appropriate.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The ACOEM Guidelines page 303 on MRI for the lumbar spine states, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The ODG further states that for uncomplicated low back pain with radiculopathy, it is not recommended until after at least 1 month of conservative therapy, sooner, if there is severe progressive neurologic deficit. The records show an MRI of the lumbar spine dated 12/26/2013. The progress report dated 03/11/2014 notes a decreased range of motion and moderate to severe low back pain radiating to the right leg. In this case, the patient does not present with any new neurologic changes, new injury, or significant clinical changes that would warrant an updated MRI. As such, the request is not medically necessary and appropriate.

ESI (Epidural Steroid Injection) evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The Medical Treatment Utilization Schedule has the following regarding ESI's, under its chronic pain section Page(s): 46,47. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Ch:7 page 127.

Decision rationale: This patient presents with low back pain. The treater is requesting an epidural steroid injection evaluation. The ACOEM Guidelines page 127 states that a health

practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, the treater is concerned about the patient's moderate to severe low back pain that radiates to the right leg and an evaluation for a possible epidural steroid injection is reasonable to determine if the patient is a candidate for this procedure. As such, the request is medically necessary and appropriate.