

Case Number:	CM14-0035271		
Date Assigned:	06/23/2014	Date of Injury:	04/29/2013
Decision Date:	07/24/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/21/2014

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 48-year-old female injured on April 29, 2013. The mechanism of injury was hitting a large bump while driving. The most recent progress note, dated May 19, 2014, indicated that there were ongoing complaints of lower back pain. There was a previous surgery for a laminectomy at the L5-S1 level, which improved the injured employee's sciatic symptoms. The physical examination demonstrated decreased lumbar spine range of motion and a normal lower extremity neurological examination. Diagnostic imaging studies objectified evidence of a prior laminectomy/discectomy at the L5-S1 level, a disc extrusion at L4-L5 with facet arthropathy and diffuse spondylitic changes from T12 through L4. Previous treatment included aqua therapy, physical therapy, and an epidural steroid injection. A request had been made for quinine, additional physical therapy, and an epidural steroid injection and was not certified in the pre-authorization process on March 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quinine 324 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.fda.gov/forhealthprofessionals/articlesofinterest/ucm317811.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1497008/>.

Decision rationale: Quinine is sometimes used for nocturnal leg cramps; however, there was no note of this condition in the most recent progress note. Additionally, the use of quinine is not FDA approved. This request for quinine is not medically necessary.

Additional Physical therapy 2x4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 58.

Decision rationale: According to the attached medical record, the injured employee has previously participated in both aquatic therapy and physical therapy. At this point, the injured employee should be well-versed as to what is expected of physical therapy for the lower back and should be able to continue this on her own at home with a home exercise program. This request for additional physical therapy two times a week for four weeks is not medically necessary, per MTUS.

Epidural steroid injection #2 L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are only indicated when there is evidence of radiculopathy corroborated by physical examination and imaging studies. There was known evidence of a radiculopathy on physical examination or on MRI. Additionally, efficacy of a first injection should be assessed prior to considering a second one. This request for epidural steroid injections x 2 at L4-L5 is not medically necessary.