

Case Number:	CM14-0057093		
Date Assigned:	07/09/2014	Date of Injury:	08/23/2013
Decision Date:	08/08/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/28/2014

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 Chiropractor and is licensed to practice in Texas. 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 44-year-old male with a reported date of injury on 08/23/2013. The mechanism of injury was noted to be when the injured worker was moving a fire hose. His diagnoses are noted to include lumbar sprain/strain, back muscle spasms, and back pain. His previous treatments were noted to include acupuncture, physical therapy, and medications. The progress note dated 04/29/2014 revealed the injured worker complained of low back pain. The injured worker is status post lumbar epidural steroid injection at L4-5 in 10/2013 with an overall 75% to 80% decrease of radiating pain and 65% decrease of lower back pain, but the pain was returning. The injured worker complained of significant returning lower back pain radiating to the bilateral lower extremities. There was limited range of motion to the lumbar spine in all directions, secondary to increased pain, tightness, and stiffness. There was significant tenderness over the lumbar spinous processes and interspaces from L3-S1. There was tenderness noted over the lumbar facet joints from L3-S1 bilaterally with positive provocation test. There was tightness, tenderness, and there were trigger points with spasms in the lumbar paravertebral and quadratus lumborum muscles bilaterally. The injured worker had a negative straight leg raise, and lower extremity reflexes were present and symmetrical and the sensory examination was grossly intact to touch. The Request for Authorization Form dated 03/03/2014 was for an epidural steroid injection to the left L4-5 and L5-S1 for retrolisthesis and chiropractic care 1x12 sessions for sciatica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection, left L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (ESI's) Epidural Steroid Injections.

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

Decision rationale: The request for Epidural steroid injection, left L4-5, L5-S1 is not medically necessary. The injured worker has received a previous epidural injection in 10/2013. The California Chronic Pain Medical Treatment Guidelines recommend an epidural steroid injection as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guideline criteria for the use of epidural steroid injections are radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants). The injection should be performed using fluoroscopy for guidance, and no more than 2 nerve root levels should be injected using transforaminal blocks. In the therapeutic phase, repeat blocks should be based on continue objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 weeks to 8 weeks, and with a general recommendation of no more than 4 blocks per region per year. The injured worker had a previous lumbar epidural injection at L4-5 in 10/2013 with an overall 75% to 80% decrease in radiating pain and 65% decrease in lower back pain, but the pain was returning. The clinical findings, however, have a lack of neurological deficits consistent with radiculopathy to warrant an epidural steroid injection. Therefore, the request is not medically necessary.

Chiropractic; twelve (12) visits (1x12): 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.

Decision rationale: The request for Chiropractic; twelve (12) visits (1x12) is not medically necessary. The injured worker received previous chiropractic treatment. The California Chronic Pain Medical Treatment Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement to facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines' recommendation for low back care is a trial of 6 visits over 2 weeks; with evidence of objective functional improvement, a total of up to 18 visits over 6 weeks to 8 weeks. The injured worker has received a previous unknown of sessions of chiropractic treatment, and there is a lack of documentation regarding current measurable objective functional deficits in regard to range of motion and motor

strength, as well as quantifiable objective functional improvements from previous chiropractic treatment. Additionally, the request for 12 sessions of chiropractic treatment exceeds guideline recommendations. Therefore, the request is not medically necessary.