

Case Number:	CM14-0059561		
Date Assigned:	07/09/2014	Date of Injury:	01/01/2013
Decision Date:	09/08/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/30/2014

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 records presented for review indicate that this 21 year-old individual was reportedly injured on 1/1/2013. The mechanism of injury is noted as a lifting injury. The most recent progress note, dated 3/7/2014, indicates that there are ongoing complaints of cervical and lumbar spine pain. The physical examination is handwritten and only partially legible. I'm able to determine positive tenderness to palpation cervical paraspinal muscles. Diagnostic imaging studies include an MRI of the thoracic spine dated 5/16/2014 reveals central disc and brought-based disc protrusion from levels T4-T12. MRI of the right shoulder same date of service reveals down sloping of the acromion, AC joint osteoarthritis, tendinosis of the supraspinatus/infraspinatus, adhesive capsulitis, subacromial bursitis. MRI of the cervical spine reveals broad-based disc protrusion which causes stenosis the spinal canal from levels C5-T-1. MRI of the lumbar spine reveals disc desiccation at L2-L5. Broad-based disc protrusion which causes stenosis of the spinal canal from L2-L5. Previous treatment includes medication, physical therapy, and tens unit. A request had been made for lumbar epidural steroid injection at L5-S1 x 3, peripheral nerve stimulation #4 and was not certified in the pre-authorization process on 4/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 epidural steroid injection (high volume) QTY: 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 revision, web edition pg 46 & Official Disability Guidelines: web edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page(s): 46 of 127.

Decision rationale: MTUS guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the MTUS guidelines. Specifically, there is no documentation of (radiculopathy) on physical exam. As such, the requested procedure is deemed not medically necessary.

1 percutaneous peripheral nerve stimulator 4 treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 revision, web edition pg 46 & Official Disability Guidelines: web edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Page(s): 121 of 127.

Decision rationale: CA MTUS, ACOEM, and the ODG provide no support for the use of Localized Intense Neural Stimulation Therapy for the compensable injury cited. Furthermore, the guidelines do not recommend various electric stimulation therapies due to lack of evidence based trials suggesting benefit. However, there is guideline support for other, better studied stimulation therapies where intervention trials have suggested benefit. Without additional evidence-based supported documentation to identify the efficacy and utility of the program requested, compared to more efficacious and supported evidence-based programs, this request is deemed not medically necessary.