

Case Number:	CM14-0062268		
Date Assigned:	07/11/2014	Date of Injury:	07/09/2013
Decision Date:	08/29/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/05/2014

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 Massachusetts. 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 claimant has a history of a work injury occurring on 07/09/13 while lifting a tool belt when he felt back pain radiating to the groin. Treatments have included medications and physical therapy. An magnetic resonance imaging (MRI) of the lumbar spine on 08/13/13 is referenced as showing severe L3-4 and moderate to severe L4-5 spinal stenosis. When seen by the requesting provider on 10/17/13 he was having persistent low back pain radiating to the right lower extremity with numbness and tingling and groin pain. Physical examination findings included lumbar spine tenderness and pain with range of motion. Seated nerve root testing was positive. There were dysesthesias at L4 and L5. Authorization for a referral for evaluation for a possible hernia was requested. On 11/21/13 he was having back pain which was increased with activities including walking and he was having ongoing left sided testicular pain. On 02/20/14 he had ongoing low back pain radiating to the lower extremities with numbness and tingling. Physical examination findings appear unchanged. He was continued at temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic (X8) cervical & lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MANUAL THERAPY & MANIPULATION Page(s): 58.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic back pain. He has imaging findings showing moderate to severe multilevel lumbar spinal stenosis and symptoms increased with walking also consistent with this diagnosis. Although chiropractic care is recommended as an option, guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement. In this case, the number of treatment sessions requested is in excess of the guideline recommendation and therefore not medically necessary.

Pain management consult for possible lumbar epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 180. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or
Medical Evidence: Occupational Medicine Practice Guidelines, Chapter 7: Independent Medical
Examinations and Consultations, p127.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic back pain. He has imaging findings showing moderate to severe multilevel lumbar spinal stenosis and symptoms increased with walking also consistent with this diagnosis. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant's condition is consistent with symptomatic lumbar spinal stenosis. An epidural steroid injection is an option as a second-line treatment for acute flare-ups of spinal stenosis and therefore requesting a pain management , consult for a possible lumbar epidural steroid injection is medically necessary.