

Case Number:	CM14-0072134		
Date Assigned:	07/16/2014	Date of Injury:	07/08/2013
Decision Date:	09/19/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/19/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 34 year old male whose date of injury is 07/08/2013. The mechanism of injury is described as lifting heavy carpet. Treatment to date includes physical therapy and epidural steroid injection times two. Three sessions of acupuncture were authorized on 04/28/14. Note dated 01/16/14 indicates that the injured worker is status post epidural steroid injection #2 and reports 4/10 pain on the visual analog scale. The injured worker reports that he is overall better. On physical examination straight leg raise is negative and motor strength is 5/5 in the bilateral lower extremities. Diagnoses are lumbar degenerative disc disease, lumbar disc annular tear at L5-S1, lumbar neural foraminal narrowing L4-5 and L5-S1, lumbar facet arthropathy and left lumbar radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 interlaminar ESI & sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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

Decision rationale: Based on the clinical information provided, the request for L4-5 interlaminar epidural steroid injection and sedation is not recommended as medically necessary. The submitted records indicate that the injured worker is status post epidural steroid injection times two; however, the submitted records fail to document at least 50% pain relief for at least 6 weeks as required by CA MTUS guidelines prior to repeat epidural steroid injection. There is no current, detailed physical examination submitted for review to establish the presence of active lumbar radiculopathy as required by CA MTUS guidelines. Also, there are no imaging studies/electrodiagnostic results provided. Therefore, the request is not medically necessary.

8 sessions of Acupuncture Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The submitted records indicate that the injured worker was authorized for 3 acupuncture visits in April 2014. The injured worker's objective, functional response to these visits is not documented to establish efficacy of treatment and support additional acupuncture visits as required by CA MTUS Acupuncture Guidelines. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Therefore, the request for 8 sessions of Acupuncture is not medically necessary.

8 sessions Physical therapy 2 x 4 to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, therapy Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for 8 sessions of physical therapy 2 x 4 to the lumbar spine is not recommended as medically necessary. The number of physical therapy visits completed to date is not documented, and there are no objective measures of improvement submitted for review. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals were provided. CA MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary.