

Case Number:	CM14-0088793		
Date Assigned:	07/23/2014	Date of Injury:	06/24/2008
Decision Date:	09/26/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/12/2014

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 Medicine 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 56 year old male who sustained an injury to his low back on 06/24/08 while lifting a box. Treatment to date has included surgery of the cervical spine in the form of a fusion procedure from C4 through C7. Additional surgery was needed because of nonunion. Clinical note dated 05/13/14 reported that the injured worker complained of symptoms of pain in the cervical region as well as the low back. The injured worker also had lumbar epidural steroid injections. Physical examination of the lumbar spine noted good strength in the bilateral lower extremities; pain with extension. MRI of the lumbar spine dated 12/12/13 revealed findings consistent with presence of degenerative changes at multiple levels of the lumbar spine. There was documentation of a compression deformity with bone marrow edema at the L4 vertebral level. Cervical MRI dated 10/11/12 revealed findings consistent with previous surgery in the form of fusion procedure from C4 through C7 levels; normal signal of the spinal cord.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar corset: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online version, durable medical equipment.

Decision rationale: The request for lumbar corset is not medically necessary. The previous request was denied on the basis that such a piece of durable medical equipment would not be expected to enhance long term functional capabilities. The ODG states that durable medical equipment is defined as equipment which can withstand repeated use, i.e. can normally be rented and used by successive patients, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury and is appropriate for use in the injured worker's home. Given this, the request for lumbar corset is not indicated as medically necessary.

Bilateral ESI at C3-C6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for bilateral epidural steroid injection C3-C6 is not medically necessary. The previous request was denied on the basis that there was no documentation of radicular symptoms referable to the cervical spine. As such, the CA MTUS would not presently support medical necessity for treatment in the form of a cervical epidural steroid injection. The CA MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given this, the request for bilateral epidural steroid injection C3-C6 is not indicated as medically necessary.

Physical Therapy -12 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The request for physical therapy x 12 visits is not medically necessary. The previous request was denied on the basis that the current guidelines would not support the requested services to be one of medical necessity. The CA MTUS would support an expectation for an ability to perform a proper non-supervised rehabilitation regimen when an individual is this far removed from the onset of symptoms. The records provided did not indicate the exact amount of physical therapy visits the injured worker has completed to date. The CA MTUS recommends up to 24 visits over 16 weeks for a physical medicine treatment to not exceed 6 months. There was no indication that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information provided

for review that would support exceeding the CA MTUS recommendations, either in frequency or duration of physical therapy visits. Given this, the request for physical therapy x 12 visits is not indicated as medically necessary.