

Case Number:	CM14-0090804		
Date Assigned:	07/23/2014	Date of Injury:	03/08/2014
Decision Date:	10/09/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/16/2014

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 Orthopedic Surgery 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 53 year old male with a reported date of injury on 03/08/2014. The mechanism of injury was a fall. The diagnoses included mechanical lumbago, cervicgia without radicular complaints and dorsalgia. The past treatments included pain medication. The MRI performed on 05/08/2014 was reported to reveal moderate degenerative changes at the L4-L5 level with out significant central subarticular or neural foraminal stenosis. There was not surgical history noted in the records. The subjective complaints on 05/12/2014 included low back pain. The physical examination noted decreased range of motion to the lumbar spine, tenderness at the lumbosacral junction, and nonfocal motor and sensory examination. The medications included Norco. The treatment plan was for a epidural steroid injection. The rationale was to relieve pain. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal lumbar epidural steroid injection, lumbar facet injection at L4-L5 and L5-S1:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The request for Caudal lumbar epidural steroid injection, lumbar facet injection at L4-L5 and L5-S1 is not medically necessary. The California MTUS Guidelines state that epidural steroid injections may be recommended to facilitate progress in active treatment programs when radiculopathy is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, radiculopathy must be documented on physical exam and corroborated by imaging studies and/or electrodiagnostic studies and the patient needs to have been initially unresponsive to appropriate conservative care. The patient has chronic low back and neck pain. The physical exam noted decreased range of motion to the lumbar spine, tenderness at the lumbosacral junction, and nonfocal motor and sensory examination. There was a lack of clear documentation that the patient had radiculopathy symptoms. In the absence of documented radiculopathy and correlation with symptoms, physical exam findings, and diagnostic testing, the request for an epidural steroid injection is not supported by the evidence based guidelines. In regard to lumbar facet injections, The California MTUS/ACOEM Guidelines state that facet joint injections are of questionable merit but are used by many pain physicians for therapeutic and diagnostic purposes. More specifically, the Official Disability Guidelines state there should be evidence of facet joint pain, signs & symptoms to include tenderness to palpation in the paravertebral areas, normal straight leg raising exam, and absence of radicular findings. The guidelines also state there should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. The notes did document tenderness over the lumbosacral junction however it was not specified as to whether the tenderness applied to the facet joints, and there was no straight raise leg raise exam documented in the clinical notes. Additionally, there was no formal evidence-based activity and exercise plan documented in the notes. In the absence of documented of facet joint pain, signs & symptoms and no formal exercise plan after the procedure the request is not supported by the guidelines. As such, the request for Caudal Lumbar Epidural Steroid Injection, Lumbar Facet Injection at L4-L5 and L5-S1 is not medically necessary.

Cervical traction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)>

Decision rationale: The request for Cervical traction is not medically necessary. The California MTUS/ACOEM Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. The patient has chronic low back and neck pain. As there are no high-grade scientific evidence to support the effectiveness or ineffectiveness of traction, the request is not supported by the evidence based guidelines. As such, the request for Cervical Traction is not medically necessary.

