

Case Number:	CM13-0033780		
Date Assigned:	03/19/2014	Date of Injury:	11/01/2012
Decision Date:	03/20/2015	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/10/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 33-year-old male who reported an injury on 11/01/2012, after lifting a heavy object. The injured worker's treatment history included acupuncture, medications, physical therapy, and chiropractic care. The injured worker underwent an MRI of the lumbar spine dated 01/24/2013, that documented an annular disc bulge at the L3-4, mildly indenting the thecal sac, and bilateral facet arthrosis at the L4-5. The injured worker's diagnosed included low back pain and radiating left leg pain. The injured worker underwent an evaluation on 07/02/2013.

Objective findings included 2+ spasming and tenderness to the bilateral lumbar paraspinal musculature from the L3 to the S1, with limited range of motion secondary to pain. The injured worker had a positive Kemp's test and a positive left sided straight leg raising test, and a positive left sided Braggard's test. The injured worker had decreased left patellar reflexes, and decreased left Achilles reflexes. The injured worker's treatment plan included epidural steroid injections and acupuncture. No request for authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI (Epidural Steroid Injection) at L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation ODG Lower Back Chapter

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

Decision rationale: The requested lumbar epidural steroid injection at the L3-4 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have documentation of radiculopathy that has failed to respond to conservative treatment and is consistent with pathology identified on an imaging study. The clinical documentation submitted for review does indicate that the injured worker had extensive conservative care that has failed to provide relief for the injured worker's radicular symptoms. Although the clinical documentation does indicate that the injured worker has undergone an imaging study that identified pathology at the L3-4 that would benefit from an epidural steroid injection, an original interpretative report was not submitted for review. Therefore, the epidural steroid injection would not be supported in this clinical situation. As such, the requested lumbar epidural steroid injection at the L3-4 is not medically necessary or appropriate.

Acupuncture Sessions (6-sessions, 3 times a week for 2 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Pain Suffering and the Restoration of Function Chapter, page 114

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested 6 acupuncture sessions is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends ongoing acupuncture be supported by documented functional benefit and evidence of a reduction in pain medications. The clinical documentation submitted for review does indicate that the injured worker has undergone acupuncture previously. However, there is no indication that the injured worker had a significant functional response to the previous treatment. Therefore, additional treatment would not be supported. As such, the requested 6 acupuncture sessions are not medically necessary or appropriate.

Myofascial Release: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The requested myofascial release is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends chiropractic care for chronic pain. However, the clinical documentation submitted for review does indicate that the injured worker has undergone chiropractic care previously. The functional response to that care was not provided. Furthermore, the request as it is submitted does not provide a duration of treatment or body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested myofascial release is not medically necessary or appropriate.

Physiotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Pain, Suffering and the Restoration of Function Chapter, page 114

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

Decision rationale: The requested physiotherapy is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends up to 8 to 10 visits of physical therapy to assist with management of chronic pain. The clinical documentation does indicate that the injured worker has previously participated in physical therapy. However, the injured worker's functional response to that therapy was not provided. Therefore, the need for additional therapy cannot be determined. Furthermore, the request as it is submitted does not identify a duration of treatment or a body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested physiotherapy is not medically necessary or appropriate.