

Case Number:	CM14-0170782		
Date Assigned:	10/23/2014	Date of Injury:	06/15/2013
Decision Date:	01/16/2015	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	10/15/2014

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 Neurosurgeon and is licensed to practice in California. 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 47 year old male who reported an injury on 06/15/2013. The mechanism of injury was a slip and fall. The diagnosis included lumbar discogenic disease, bilateral first metatarsal pain, and cervical discogenic disease. The previous treatment included medications, two epidural steroid injections, and physical therapy. Diagnostic testing included an MTI of the lumbar spine on 04/21/2012 which revealed a bulging disk at L3-L4, L4-L5, and L5-S1. On 08/25/2014, it was reported the injured worker complained of low back pain, right leg pain, and bilateral foot pain. On physical examination, the provider noted severe spasms bilaterally with latissimus dorsi spasms, right greater than left. The injured worker had decreased range of motion. Flexion was noted to be 40 degrees and extension 10 degrees. The provider indicated the injured worker had low back pain radiating down the right leg causing numbness. The provider indicated the injured worker to have a positive straight leg raise on the left at 20 degrees with pain in the low back going down the right leg. Upon examination of the extremities, the provider indicated the injured worker had tenderness in the first metatarsals bilaterally. There was normal sensation to pinprick and light touch. The patient had decreased strength in the right abductor hallucis longus and foot flexor with 3/6 weakness bilaterally. The provider requested a bilateral L4 selected nerve root, aquatic therapy, and a neurological consultation. Request for authorization was submitted and dated 09/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 Selected Nerve Root: 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 (ESI) Page(s): 46.

Decision rationale: The request for Bilateral L4 Selected Nerve Root is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in a dermatomal distribution with cooperative findings of radiculopathy. The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic study testing, initially unresponsive to conservative treatment. The guidelines do not support a series of 3 injections in either diagnostic or therapeutic phase. The clinical documentation submitted failed to indicate neurological deficits such as decreased sensation or motor strength in the L4 nerve root distribution. Additionally, the number of injections to be administered was not submitted in the request. Therefore, the request is not medically necessary.

Aquatic Therapy 2 Times A Week for 4 Weeks to The Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The request for Aquatic Therapy 2 Times A Week for 4 Weeks to The Lumbar Spine is not medically necessary. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy where available as an alternative to land based therapy in those individuals in who reduced weight bearing is desirable. There was lack of documentation indicating the injured worker had a condition for which reduced weight bearing is desirable such as morbid obesity. Therefore, the request is not medically necessary.

NeuroSurgeon Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163

Decision rationale: The request for Neurosurgeon Consult is not medically necessary. The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in the assessing of the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or examinee's fitness to return to work. There is significant lack of subjective and objective findings warranting the medical necessity for the request. There is lack

of red flag conditions warranting the medical necessity for the request. Therefore, the request is not medically necessary.