

Case Number:	CM14-0206460		
Date Assigned:	12/18/2014	Date of Injury:	07/19/2013
Decision Date:	02/10/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/10/2014

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 Physical Medicine Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of work injury occurring on 07/07/13 when, while working as a [REDACTED] he injured his low back and left knee. An MRI of the lumbar spine in May 2014 included findings of a left lateralized L5-S1 disc extrusion. Treatments included physical therapy, acupuncture, and medications. He underwent left knee arthroscopy on 06/30/14. As of 08/12/14 he had attended seven physical therapy sessions since the initial evaluation on 07/17/14. He was having ongoing left knee pain. Physical examination findings included decreased left knee strength with decreased patellofemoral mobility. There was knee tenderness. The assessment references compliance with a home exercise program. Continued physical therapy was recommended. He was seen on 11/05/14. He was having left knee pain rated at 3/10 and low back pain rated at 7/10. He was not having any weakness or numbness. Physical examination findings included decreased and painful lumbar spine range of motion. He had low back pain with straight leg raising. There was normal lower extremity strength, sensation, and reflexes. He had lumbar spine tenderness with muscle spasms. Medications were adjusted. Authorization for a lumbar epidural steroid injection and for chiropractic treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Epidural Steroid Injection: Upheld

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

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

Decision rationale: The claimant is more than 1 years status post work-related injury and continues to be treated for chronic low back and left lower extremity pain. An MRI of the lumbar spine in May 2014 included findings of a left lateralized L5-S1 disc extrusion. When seen by the requesting provider, there was a normal neurological examination and he had low back pain with straight leg raising. Criteria for the use of an epidural steroid injections include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, when seen by the requesting provider, there were no reported physical examination findings that would support a diagnosis of lumbar radiculopathy and therefore the requested epidural steroid injection was not medically necessary.

Chiropractic sessions x 8: Upheld

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

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

Decision rationale: The claimant is more than 1 years status post work-related injury and continues to be treated for chronic low back and left lower extremity pain. Treatments have included physical therapy, acupuncture, and medications. Although chiropractic care is recommended as an option in the treatment of chronic pain, guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement. In this case, the number of treatment sessions requested is in excess of the guideline recommendation and therefore not medically necessary.