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| Case Number: | CM15-0038598 | | |
| Date Assigned: | 03/06/2015 | Date of Injury: | 09/02/2013 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 01/29/2015 |
| Priority: | Standard | Application Received: | 03/02/2015 |

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63-year-old male who reported an injury on 09/02/2013. The mechanism of injury was the injured worker lifted a suitcase full of cabinet doors and felt a pop in his low back. Prior treatments included lumbosacral supports and walkers. The injured worker underwent x-rays of the lumbar spine and MRI of the lumbar spine. The MRI of the lumbar spine was dated 10/08/2013, which revealed at L2-3, there was a broad based disc protrusion and facet hypertrophy producing spinal canal narrowing and bilateral neural foraminal narrowing. At L3-4, there was a broad based disc protrusion and facet hypertrophy producing bilateral neural foraminal narrowing. There was an L4-5 broad based disc protrusion abutting the thecal sac with spinal canal narrowing and bilateral neural foraminal narrowing. At L5-S1, there was a retrolisthesis of L5 combined with right paracentral disc protrusion that compressed the right L5 exiting nerve root and facet, spinal canal narrowing, and right lateral recess and right greater than left neural foraminal narrowing. There was a Schmorl's node at L2 and straightening of the lumbar lordosis due to myospasm. The PR-2 submitted for review was dated 09/23/2014 and revealed the injured worker's mechanism of injury was cumulative trauma. The injured worker had decreased range of motion of the lumbar spine. The injured worker had a positive bilateral Steinman's and posterior drawer test. The injured worker had subjective complaints of lumbar spine pain that was achy. The diagnoses included internal left knee derangement, left disc with radiculopathy, lumbar radiculopathy, and knee sprain and strain left. The treatment plan included medications, an MRI, acupuncture, physical therapy, physiotherapy, NCV/EMG, and a urinalysis. There was no Request for Authorization submitted for the epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-S1 Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend epidural steroid injections when there is documentation of radiculopathy upon physical examination that is corroborated by electrodiagnostics or MRI findings. There should be documentation of a failure of conservative care including NSAIDs, muscle relaxants, exercise, and physical medicine treatment. The clinical documentation submitted for review failed to provide documentation of radiculopathy upon physical examination. The MRI indicated the injured worker had nerve impingement at the level of L5. There was a lack of documentation indicating the injured worker had nerve impingement at L3 or L4. There was a lack of documentation of a failure of conservative care including exercise, physical medicine, NSAIDs, and muscle relaxants. Given the above, the request for L3-S1 epidural steroid injection is not medically necessary.

Chiropractor 2 times a week for 6 weeks to the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 59.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend manual therapy for chronic pain if it is caused by musculoskeletal condition. For low back, the initial therapy is 6 sessions and with objective functional improvement, up to 18 visits. Treatment for flare-up requires a need for re-evaluation of prior success treatments. The clinical documentation submitted for review failed to provide documentation of prior chiropractic care. The request for 12 sessions would be excessive. There was a lack of documentation indicating the injured worker had a musculoskeletal condition that would respond to manual therapy. Given the above and the lack of documentation, the request for chiropractor 2 times a week for 6 weeks to the low back is not medically necessary.