

Case Number:	CM13-0006685		
Date Assigned:	01/31/2014	Date of Injury:	04/07/2013
Decision Date:	04/11/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	08/05/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 30 year-old male Deputy Sheriff, who was injured on 4/7/13 when he slipped and fell down steps. According to the 6/25/13 Doctor's First Report Form, but [REDACTED], the patient presents with low back pain that extends down the hips and occasionally down the left leg to the calf. [REDACTED] recommends pain management and a lumbar ESI at L4/5 and PT 2x4, and acupuncture 2x3. The 4/28/13 MRI shows left disc protrusion at L5/S1 mildly encroaching on the traversing left S1 root. On 7/1/13 UR recommended non-certification for the L4/5 ESI, the PT 2x4 and acupuncture 2x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL INJECTION AT L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

Decision rationale: According to the 6/25/13 Doctor's First Report Form, but [REDACTED], the patient presents with low back pain that extends down the hips and occasionally down the left leg

to the calf. There are no physical exam findings included with [REDACTED] report. There is a 4/28/13 MRI of the lumbar spine, that appears to show L5/S1 involvement rather than L4/5. However, MRI findings alone do not justify the ESI. MTUS states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" There were not physical exam findings of radiculopathy. The request is not in accordance with MTUS guidelines.

PHYSICAL THERAPY, 2 TIMES A WEEK FOR 4 WEEKS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 300.

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

Decision rationale: According to the 6/25/13 Doctor's First Report Form, but [REDACTED], the patient presents with low back pain that extends down the hips and occasionally down the left leg to the calf. MTUS guidelines recommend up to 8-10 sessions of PT for various myalgias and neuralgias. The request for PT appears to be in accordance with the MTUS guidelines.

ACUPUNCTURE SESSIONS, 2 TIMES A WEEK FOR 3 WEEKS: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the 6/25/13 Doctor's First Report Form, but [REDACTED], the patient presents with low back pain that extends down the hips and occasionally down the left leg to the calf. The MTUS acupuncture treatment guidelines, state that there should be some signs of functional improvement within 6 sessions of acupuncture. The physician has requested 6 sessions of acupuncture. This appears to be in accordance with the MTUS/Acupuncture treatment guidelines.