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| Case Number: | CM14-0139107 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 02/28/2004 |
| Decision Date: | 10/09/2014 | UR Denial Date: | 08/04/2014 |
| Priority: | Standard | Application Received: | 08/27/2014 |

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 & Rehabilitation 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 37- year old male who sustained an industrial injury on 2/26/04. His diagnoses include lumbo- sacral neuritis, lumbar radiculopathy, and status post lumbar laminectomy. He is status post multiple epidural injections. A physician's progress notes on 3/11/14 documented 90% relief from a transforaminal epidural injection for over 9 months. There was a subsequent documentation on 7/23/14 of 75% relief for 6 months. No information as to the actual dates these blocks were performed. Progress notes on 3/11/14, 8/5/14, and 8/19/14 documented positive straight leg raises. Also, progress notes on 3/11/14, 4/15/14, and 5/28/14, documented that patient had been unresponsive to conservative treatments including physical therapy, exercise and non-steroidals. Upon reviewing the orthopedic provider's notes, a utilization review determination had non-certified the disputed request for a bilateral trans-foraminal epidural injection, and 8 sessions of chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection- steroid transforaminal epidural under fluoroscopy bilateral at L5 x1: 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 Criteria for the use of Epidural Injection, Page(s): 46.

Decision rationale: Based on the criteria for the use of epidural steroid injection under the Chronic Pain Medical Treatment Guidelines, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. Criteria # 7 states: General recommendation of no more than 4 blocks per region per year. Although there is documentation of the radiculopathy, there is no documentation as to any imaging studies done, and the dates of the previous documented blocks. Without documentation of the results of imaging studies and dates of the previous blocks, a determination cannot be made if the patient meets the criteria for the above mentioned epidural injection request. Therefore, this request is not medically necessary.

Chiropractic therapy x 8 sessions for the lumbar spine: 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 Manual Therapy & Manipulation Page(s): 58.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines under Manual Therapy & Manipulation states that for Low back: Recommended as an option for therapeutic care- Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Although a progress note on 8/5/14 by patient's orthopedic provider states "previous chiropractor care has provided substantial long term relief", there is no documentation by the chiropractor as to the outcome of the treatment or what specific functional improvement was made. The functional improvement is not apparent in the submitted documentation. There is also no documentation as to when the treatment was initially started. A determination cannot be made if this is a continuation of treatment. Initial treatment is only 6 visits. Therefore, this request is not medically necessary.