

Case Number:	CM14-0145870		
Date Assigned:	09/12/2014	Date of Injury:	12/23/2013
Decision Date:	10/22/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/08/2014

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 Family Medicine, and is licensed to practice in Tennessee, California, and Florida. 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 39 year old female who sustained an injury to her low back on 12/23/13 while mopping, she felt something move out of place in her low back. Plain radiographs of the lumbar spine dated 12/23/13 noted retrolisthesis. An MRI of the lumbar spine dated 02/05/14 revealed 4mm right paracentral disc protrusion at L4-5 causing abutment of the traversing right L5 nerve roots; L5-S1 3mm central and paracentral disc protrusion. A progress note dated 08/01/14 reported that the injured worker was taking Motrin and was on modified work duties. Physical examination noted lumbar spine flexion 40 degrees, extension 10 degrees; neurological examination noted lower extremities sensation intact; motor strength normal, except plantarflexors 4/5 on the left; straight leg raise on left at 40 degrees elicited tingling down the left leg to the foot. Treatment to date included chiropractic times 12 visits, acupuncture times six visits, physical therapy times six visits, and management with medications. On a spine and orthopedic office visit report, dated 08/28/14, the injured worker is listed as temporarily partially disabled with modified work restrictions. Prior utilization review denied requests for Left TFESI (transforaminal epidural steroid injection) L5 and S1 and Chiropractic treatment x 8 visit for the low back on 09/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left TFESI (transforaminal epidural steroid injection) L5 and S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: criteria for the use of.

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

Decision rationale: A previous request was denied on the basis that the injured worker had motor examination findings of the left lower extremity; however, MRI scan of the lumbar spine showed 4mm right paracentral disc protrusion at L4-5 causing abutment of the traversing right L5 nerve root. In addition, the California MTUS criteria for the use of epidural steroid injections included imaging studies documenting correlating concordant nerve root pathology or positive EMG/NCV along with evidence of conservative treatment, which is not present in this case. Based on the available reports and the California MTUS guidelines, the request was not deemed as medically appropriate. The California MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The California MTUS also states that the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxers). Given this, the request is not indicated as medically necessary.

Chiropractic treatment x 8 visit for the low back: 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 Page(s): 58-60.

Decision rationale: A previous request was denied on the basis that the requesting physician stated that the injured worker had not had any chiropractic treatment; however, records indicate the injured worker had 12 visits of chiropractic treatment. The California MTUS states that current chronic pain guidelines for the brief course of chiropractic treatment; additional treatment is pending upon documentation of objective functional improvement, including return to work, increased participation of the injured worker in active home exercise program, and decreased reliance on pain medication. This does not appear to be evident in this case at this time. Based on the available records and clinical documentation submitted for review, the request was not deemed as medically appropriate. After reviewing the clinical documentation submitted, there was no additional significant objective clinical information provide that would support the need to reverse the previous adverse determination. Given this, the request is not indicated as medically necessary.