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| Case Number: | CM13-0002030 | | |
| Date Assigned: | 11/27/2013 | Date of Injury: | 11/27/2004 |
| Decision Date: | 01/31/2014 | UR Denial Date: | 07/05/2013 |
| Priority: | Standard | Application Received: | 07/19/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 physician 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 patient was a 65 year old female who complained of back, left leg and sciatic pain on 06/08/2012. The patient had a history of kidney cancer. The patient had an MRI of the lumbar spine which showed L3, L4, and L5 impingement, foraminal stenosis on the left side. EMG/NCV was noted to have normal findings. The patient participated in physical therapy that was documented on 12/10/2012. The number and frequency of sessions was not submitted for review. The patient was seen for an epidural steroid injection on 02/11/2013, 03/14/2013 and on 06/27/2013. There was no therapeutic effect submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided caudal epidural injection for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 45-46.

Decision rationale: The request for ultrasound guided caudal epidural steroid injection for the lumbar spine is non-certified. The patient participated in physical therapy. However, there was

no objective findings submitted for review of the patient's treatment efficacy. CA MTUS Guidelines recommend epidural steroid injections if the patient is initially unresponsive to conservative treatment. The patient had epidural steroid injections documented with no therapeutic effect submitted for review to include functional improvement and/or reduction in medication use. Most current guidelines recommend no more than 2 ESI injections. Furthermore, guidelines recommend repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The request specifies the epidural steroid injection to be ultrasound guided. However, guidelines recommend injections should be performed using fluoroscopy (live x-ray) for guidance. The request does not specify at what level(s) the epidural steroid injections would be administered nor the number of injections intended. The guidelines recommend no more than two nerve root levels should be injected using transforaminal blocks. Given the information submitted for review the request for ultrasound guided caudal epidural steroid injection for the lumbar spine is non-certified.

12 Physical therapy sessions for the lumbar spine with electric stimulation, exercises, and massage: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: The request for 12 physical therapy sessions for the lumbar spine is non-certified. The patient had attended sessions of physical therapy which improved his symptoms. The guidelines recommend therapeutic exercise and/or activity for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. However, objective findings of the physical therapy outcome were not submitted for review. The guidelines recommend physical therapy session for neuralgia, neuritis, and radiculitis be 8-10 visits over 4 weeks. The number of sessions the patient had attended was not submitted for review. The request for 12 physical therapy sessions exceeds guideline recommendations. Given the information submitted review the request for 12 physical therapy sessions for the lumbar spine is non-certified.