MAXIMUS Federal Services

Case Number:	CM13-0006351		
Date Assigned:	12/04/2013	Date of Injury:	10/22/2012
Decision Date:	03/04/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/02/2013

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 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 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 is a 59-year-old male who reported an injury in 2012. It was reported that the patient was exiting a vehicle and developed a sudden onset of severe acute low back pain. The patient was treated emergently, and underwent an MRI that revealed a disc protrusion at the L5-S1 level, mildly effacing and displacing the left S1 nerve root. The patient was initially treated with pain medications and activity modification. The patient has significant low back pain radiating into the lower extremities. The patient's most recent clinical examination findings included restricted range of motion of the lumbar spine, a positive straight leg raising test to the left side, and decreased sensation over the lateral foot, medial foot, lateral calf, consistent with the L4-5 dermatomes on the left side. The patient's diagnoses included lumbar radiculopathy, spinal lumbar degenerative disc disease, low back pain, and hip pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (2 times per week for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The requested physical therapy is not medically necessary or appropriate. The clinical documentation submitted for review does not provide any evidence that the patient has received any formal physical therapy to assist with alleviating the patient's symptoms. Clinical documentation does indicate that the patient has been participating in a home exercise program. The Chronic Pain Medical Treatment Guidelines recommend up to 8 to 10 visits for radicular pain. The request for 2 times a week for 6 weeks exceeds this recommendation. The clinical documentation submitted for review does not provide any exceptional factors to extend treatment beyond guideline recommendations. As such, the requested physical therapy 2 times a week for 6 weeks is not medically necessary or appropriate.

Transforaminal lumbar epidural steroid injection L4-5 and L5-S1 on the left side: Upheld

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

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

Decision rationale: The requested transforaminal epidural steroid injection at the L4-5 and L5-S1 on the left side is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has radicular symptoms in the L4-5 dermatome. However, this is not consistent with the imaging study. The imaging study included that there was a disc bulge at the L4-5; however, there is no new nerve root involvement and only minimal ventral impression on the thecal sac. It is documented on the MRI that the patient has significant disc protrusion at the L5-S1 level displacing the S1 nerve root. However, there are no clinical findings in the L5-S1 dermatomes to support the need for an epidural steroid injection at this level. The Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections for patients who have radicular pain that is supported by objective clinical findings and corroborated by an imaging study that has failed to respond to conservative treatment. The clinical documentation submitted for review does not provide any evidence that the patient has had a trial of active physical therapy to assist in the resolution of the patient's symptoms. Additionally, the imaging study does not correlate the clinical exam findings. Therefore, the need for a transforaminal lumbar epidural steroid injection at the L4-5 and L5-S1 on the left side is not medically necessary or appropriate at this time.