

Case Number:	CM13-0011003		
Date Assigned:	03/10/2014	Date of Injury:	11/16/2000
Decision Date:	04/03/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/14/2013

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:

The patient is a 56 year-old male who was injured on 11/16/2000. According to the 7/29/13 report from [REDACTED], the patient presents with lumbar and bilateral knee pain. He was reported to be improved with the ESI, but had a flare up from sleeping wrong. [REDACTED] requested physical therapy 2x6 and another lumbar ESI. On 8/1/13, [REDACTED] utilization review denied the the requests. The records show the patient had the LESIs on 6/26/13, and before this on 2/8/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with low back pain from sleeping wrong. The patient was 4 weeks out from a lumbar ESI, and the physician is requesting another ESI, and 12 sessions of physical therapy. The California MTUS guidelines, allow for 8-10 sessions of physical

therapy for various myalgias and neuralgias. The request for 12 sessions of physical therapy will exceed the California MTUS recommended treatment

SECOND LUMBAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with low back pain from sleeping wrong. The patient was 4 weeks out from a lumbar ESI, and the physician is requesting another ESI, and 12 sessions of PT. The MTUS requirement for repeat epidural injections states: "In the therapeutic phase, 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, with a general recommendation of no more than 4 blocks per region per year" The patient has not had 6-weeks of relief from the prior injection and there is no indication there is a reduction in medication use. The request is not in accordance with MTUS guidelines.