

Case Number:	CM13-0011228		
Date Assigned:	06/20/2014	Date of Injury:	09/18/2010
Decision Date:	08/08/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/21/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 18, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the course of the claim; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated July 24, 2013, the claims administrator partially certified request for 12 sessions of physical therapy as two sessions of physical therapy, denied an epidural steroid injection, and approved a pain management consultation. The claims administrator suggested that the applicant had had four prior epidural injections before the most recent injection was sought. In a June 17, 2013 progress note, the applicant was described as not working owing to ongoing complaints of low back pain, hand paresthesias, and earlier carpal tunnel syndrome with derivative complaints of stress, anxiety, and depression. Twelve sessions of physical therapy, pain management consultation, and a possible epidural steroid injection were sought. The applicant had reported recent flare in pain, it was stated. In a medical-legal evaluation of June 17, 2013, it was acknowledged that the applicant had had at least two prior epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the low back, QTY: 12 sessions: 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 Physical Medicine topic.,MTUS 9792.20f Page(s): 99,8.

Decision rationale: The 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines states that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, there has been no such demonstration of functional improvement as defined in MTUS 9792.20f with earlier physical therapy in unspecified amounts. The applicant is off of work. The applicant remains highly reliant and highly dependent on other forms of medical treatment, including opioid medications. Therefore, the request for 12 sessions of physical therapy is not medically necessary.

Lumbar Epidural Steroid Injection (LESI), QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic.,MTUS 9792.20f Page(s): 46.

Decision rationale: As noted previously, the request is question is a request for repeat epidural block. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injection should be predicated on evidence of functional improvement with earlier blocks. In this case, however, there has been no such demonstration of functional improvement with earlier blocks. The applicant is off of work. The applicant has failed to diminish reliance on other forms of medical treatment, including analgesics medications such as tramadol. All of the above, taken together, implies the lack of functional improvement as defined in MTUS 9792.20f despite multiple earlier epidural injections. Therefore, the request for a repeat lumbar epidural steroid injection is not medically necessary.

Lumbar Epidural Steroid Injection (LESI), QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection topic.,MTUS 9792.20f Page(s): 46.

Decision rationale: The request in question represents a request for repeat epidural steroid injection. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines,

however, no more than two epidural steroid injections are recommended. In this case, the applicant has reportedly had four prior epidural steroid injections. The MTUS further notes that pursuit of repeat blocks should be predicated on evidence of functional improvement with earlier blocks. In this case, however, there has been no such demonstration of functional improvement with earlier epidural injections. The applicant is not working. The applicant remains highly reliant and highly dependent on other forms of medical treatment, including medications such as tramadol and Motrin as well as modalities such as physical therapy. All of the above, taken together, implies lack of functional improvement as defined in MTUS 9792.20f despite four earlier epidural injections. Therefore, the request for an epidural steroid injection is not medically necessary.