

Case Number:	CM13-0014047		
Date Assigned:	10/02/2013	Date of Injury:	03/28/2011
Decision Date:	01/29/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/20/2013

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 Family Practice 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 40-year-old male who reported an injury on 03/28/2011. The mechanism of injury was not provided for review. The patient's diagnoses were noted to include an L5-S1 small central disc protrusion, L5-S1 progressive and status post L4-5 discectomy with postoperative Modic changes, interspace collapse, foraminal narrowing and persistent sciatic with persistent axial low back pain. The request was made for physical therapy 2 times a week for 6 weeks and an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California MTUS states that physical medicine with passive therapy can provide short-term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis,

and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis and radiculitis. The clinical documentation submitted for review failed to provide the number of sessions of physical therapy that the patient has had in the past. Additionally, it failed to provide documentation of the functional benefit for the patient. It failed to provide documentation of the patient's functional limitations as it was noted that the patient had attempted a work hardening program and had finished physical therapy the day prior to the examination of 07/23/2013. The patient's physical examination revealed that he had a standing range of motion of 45 degrees. The patient was noted to have a seated straight leg raise on the right at 80 degrees and on the left at 90 degrees. The patient was noted to have a tension sign on the right. There was noted to be diminished right heel walking, toe walking and heel-to-toe raising. The patient's tandem gait was noted to be off. The sensory examination revealed that the patient had decreased sensation in the right dorsal foot and calf in the L4-5-S1 distribution. There was noted to be catch-give weakness of a 4/5 at the right EHL with ankle inversion/eversion. The patient indicated that he had noticed numbness and tingling in the right leg when he tried to go to sleep and with walking. Additionally, the clinical documentation indicated that the patient had had 6 visits since the last appointment of 06/04/2013, and the patient had improved. The clinical documentation failed to provide the necessity for 12 additional sessions of physical therapy. Given the above and the lack of documentation of the patient's functional improvement as well as remaining functional deficits, the request for physical therapy 2 times a week for 6 weeks is not medically necessary.

Epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California MTUS Guidelines recommend that for an epidural steroid injection, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and it must be initially unresponsive to conservative treatment. The clinical documentation submitted for review indicated that the patient had decreased sensation in the right dorsolateral foot and calf in the L4-5-S1 distribution, and the patient was noted to have catch-give weakness at a 4/5 at the right EHL with ankle inversion/eversion. It was noted that the patient had an MRI; however, the MRI was not provided for review. Additionally, the request failed to indicate the level or the laterality for the injection. Given the above, the request for an epidural steroid injection is not medically necessary.