

Case Number:	CM13-0016609		
Date Assigned:	12/11/2013	Date of Injury:	11/19/2012
Decision Date:	02/03/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/26/2013

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 Orthopedic 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 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 47-year-old female who sustained a work-related injury on 11/19/2012. Subjectively, the patient reported complaints of neck and low back pain with associated numbness and tingling into the bilateral upper and lower extremities which she rated 10/10. Objective findings revealed tenderness to palpation, positive straight leg raise, no motor weakness, and deep tendon reflexes within normal limits. The electrodiagnostic study revealed a normal exam in the bilateral upper extremities. The clinical information indicated the patient had undergone an unspecified number of physical therapy sessions in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION ORDERED 7-10-13: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS Guidelines for the use of epidural steroid injections state that "radiculopathy must be documented on physical exam, corroborated by imaging study and/or electrodiagnostic testing, and should be initially

unresponsive to conservative treatment." The clinical provided lacked objective documentation suggestive of radiculopathy. There was no documentation of a neurological deficit or corroboration by an imaging study or an electrodiagnostic test to indicate radiculopathy pathology. As such, the request for lumbar epidural steroid injection ordered 07/10/2013 is non-certified.

ADDITIONAL PHYSICAL THERAPY FOR THE CERVICAL SPINE, LUMBAR SPINE AND LEFT KNEE 2X3 ORDERED 7-10-13: 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: CA MTUS Guidelines for physical medicine state that "active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort, and that patients are instructed in and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The clinical provided indicated the patient had undergone prior physical therapy but lacked documentation of prior therapy to determine the patient's progress or compliance with physical therapy and a home exercise program. Additionally, there is no indication as to why the patient cannot transition into an independent home exercise program to continue functional gains and pain reduction. As such, the request for additional physical therapy for the cervical spine, lumbar spine, and left knee 2x3 ordered 07/10/2013 is non-certified.