

Case Number:	CM13-0017659		
Date Assigned:	03/26/2014	Date of Injury:	12/03/2011
Decision Date:	05/21/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/19/2013

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 has filed a claim for chronic low back and hip joint pain reportedly associated with an industrial injury of December 3, 2011. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of August 16, 2013, the claims administrator denied a request for lumbar epidural steroid injection therapy at L4-S1 and also denied a request for associated post injection physical therapy. The applicant's attorney subsequently appealed. On August 16, 2013, the applicant presented with persistent low back pain radiating to the bilateral lower extremities with associated numbness and tingling about the legs. MRI (magnetic resonance imaging) of the lumbar spine is apparently notable for lumbar spinal stenosis at L4-L5 and L5-S1 with bilateral neuroforaminal stenosis. It was stated that the applicant had failed various analgesic and adjuvant medications, including Norco, Lyrica, Cymbalta, tramadol, Celebrex, Soma, and Ativan. Limited shoulder range of motion is noted. Well-preserved lower extremity strength was noted. Epidural steroid injection therapy was sought. It did not appear that the applicant had had any prior lumbar epidural steroid injections, based on that note. The remainder of the file was surveyed. There is no mention of the applicant having undergone earlier lumbar epidural steroid injection therapy. In a May 23, 2013 report of electrodiagnostic testing, the applicant is described as having a moderate subacute L4-L5-S1 lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR ESI WITH FACET INJECTION LEVELS L4-S1 (2 INJECTIONS):

Overtured

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

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

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy. The MTUS further supports up to two diagnostic blocks. In this case, the request in question represents a first-time request for epidural steroid injection therapy. Contrary to what was suggested by the claims administrator, the applicant does in fact have clinically-evident, radiographically-confirmed, electrodiagnostically-corroborated lumbar radiculopathy. A trial diagnostic (and potentially therapeutic) epidural steroid injection at the levels in question is therefore indicated. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.

POST-INJECTION PHYSICAL THERAPY 3 X 2: 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 Page(s): 99.

Decision rationale: Per the report of the applicant's primary treating provider (PTP), the applicant has had approximately 40 sessions of physical therapy to date, seemingly well in excess of the 8- to 10-session course recommended by the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the issue reportedly present here. There has been no demonstration of functional improvement with earlier treatment which would support further treatment beyond the guideline. The applicant is off of work, on total temporary disability, and is seemingly highly reliant on various medications and other forms of medical treatment, including acupuncture and manipulative therapy. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f with the 40 prior sessions of physical therapy. Therefore, the request for additional physical therapy is not certified.