

Case Number:	CM13-0021583		
Date Assigned:	11/13/2013	Date of Injury:	07/26/2012
Decision Date:	02/04/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/09/2013

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 Anesthesiology, has a subspecialty in Pain 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 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 38-year-old male who reported an injury on 07/26/2012. After a view of the documentation, it was noted that the patient had a failed L5-S1 fusion surgery performed on 12/10/2012, as well as a failed lumbar revision and fusion surgery from L4-S1 performed on 02/07/2013. The patient underwent an epidural steroid injection on 09/12/2012, which was noted as having been 75% effective in relieving the patient's pain. However, it was further noted the patient stated it was not very effective, and an additional epidural steroid injection was performed on 01/17/2013 that did not appear to provide relief in subsequent reports. The most recent documentation is from a physical therapy session dated 09/09/2013, in which the patient continued to have moderate burning pain sensation in his bilateral feet, which intensified after prolonged weightbearing activities or prolonged wearing of shoes. The patient stated that he could tolerate it better while wearing shoes and socks, although the pain could go up to a 7/10 to 8/10 while wearing them. Overall, the patient reported an average of 5/10 to 6/10 bilaterally for foot pain, and at 1/10 to 2/10 in lower back pain. The documentation states the patient continues to improve with his right lower extremity muscle strength and right lower extremity functional strength. However, he still exhibits moderate weakness in the right lower extremity, which resulted in moderate gait dysfunction. The physician stated that the time to return to patient's work-related activity is expected to take longer than usually standardized recovery time for the similar condition due to the extensibility of the patient's injury, history of 2 surgeries within a short period of time, and the nature of the patient's work.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar caudal epidural steroid injection at L5-S1 between 8/22/2013 and 10/21/2013:
Upheld

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

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

Decision rationale: Under California MTUS, it states that lumbar epidural steroid injections are recommended for the treatment of radicular pain, subsequent to failure of indicated conservative care. Physical exam findings must show pain in a dermatomal distribution with corroborative findings of radiculopathy by imaging studies and/or electrodiagnostic studies/testing. 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 6 to 8 weeks, with a general recommendation of no more than 4 modalities or procedural units in total per visit, allowing the physical therapy visit to focus on those treatments where there is evidence of functional improvement blocks per region per year. Although the patient does continue to present with lower extremity weakness and numbness that had been supported by imaging studies, to include an MRI, the patient does not meet guideline criteria at this time for a repeat epidural steroid injection. The documentation does not verify that the patient's previous epidural injection resulted in reduced medication use and increased functioning to be indicated by appropriate quantitative pain ratings and further objective measurements. Conservative therapy must continue over 6 to 8 weeks in order to warrant a repeat epidural steroid injection. Therefore, based on the guidelines' criteria and the lack of documentation findings necessary for a repeat epidural steroid injection, the prospective request for 1 lumbar caudal epidural injection at the L5-S1 level is non-certified.

18 physical therapy sessions for the lumbar spine (Align Networks) between 8/22/2013 and 10/21/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical therapy (PT).

Decision rationale: Under California MTUS, it states that active therapy is based on the philosophy that therapeutic exercise and/or activity is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical therapy is allowed for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine.

Patients are allowed 9 to 10 visits over 8 weeks for myalgia and myositis unspecified, and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis unspecified. Under Official Disability Guidelines, a patient is allowed 48 visits over 18 weeks for postsurgical treatment of intervertebral disc disorder with myelopathy, and medical treatment of 10 visits over 8 weeks. As in the case of this patient, the number of physical therapy sessions being requested grossly exceeds the recommended amount for the patient's condition outside the postsurgical treatment period. Physical therapy examinations have noted that throughout the course of treatment, the patient has displayed a steady functional improvement, with decreased pain radiance, and increased lower extremity muscle strength. However, due to the guideline recommendations for physical therapy being well exceeded by the requested service, a limited number of physical therapy sessions is appropriate in order for the patient to have continued effectiveness in order to provide the patient with more thorough functional improvements. Therefore, based on the guidelines and the review above, the prospective request for 18 physical therapy sessions for the lumbar spine is recommended, certified with modifications to 6 sessions, with the remaining 12 sessions of therapy non-certified.