

Case Number:	CM13-0026299		
Date Assigned:	11/22/2013	Date of Injury:	02/16/2012
Decision Date:	06/03/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/19/2013

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 Orthopedic Surgery and is licensed to practice in Arizona 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:

This patient is a 59-year-old female who sustained an industrial injury while bending over to clean a toilet on 2/16/12. She received acupuncture sessions, physical therapy and 2 transforaminal epidural steroid injections. The provider's note on 2/12/13 states that the patient as had a substantial reduction in pain, approximately 75%. She is doing home exercise; she still has decreased spinal motion a positive straight leg raise and decreased sensation over the right L4 dermatome. Mention is made of an MRI scan done on 3/12/12 which showed right posterior lateral discs protrusion/free fragment. The radiologist's interpretation is not available. On 5/29/13, the provider notes pain level at 4/10 similar to the last visit. The patient is still taking tramadol and cyclobenzaprine. On 8/8/13, pain level has risen to 7/10 mention is made that following her last epidural injection pain level decreased by 50%. Request is made for another transforaminal epidural injection plus post injection physical therapy. Additional note on 10/31/13, pain has risen to 10/10. Medications are less effective and level of function has decreased patient can barely walk or bend over. On 11/19/13, pain level is still 10/10. Patient is getting worse; Ultram ER, Ultracet and topical analgesics are ineffective. The entire back from the lumbar spine was painful. Patient's function has decreased.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORMINAL EPIDURAL STEROID INJECTION AT RIGHT L4-5: Upheld

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

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

Decision rationale: This patient received 2 epidural injections in 2012, one in August and another in December. The documentation states that the pain was reduced between 50 and 75%. However, spinal motion was still unchanged and there is no documentation that a more active treatment program was instituted or that opioid use was decreased. Repeat injections should be based on continued objective documented pain and functional improvement with a reduction of medication use for 6-8 weeks. It is also stated in the chronic pain guidelines, that epidural injections offered no significant long-term functional benefit. In addition, most of this patient's increasing pain is in her entire spine, epidural injections are recommended for the treatment of radicular pain. Therefore, the medical necessity of any additional epidural injection has not been established. The request for Tranforminal Epidural Steroid Injection is not medically necessary.

POST-INJECTIONAL PHYSICAL THERAPY TO THE LOW BACK QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 46.

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

Decision rationale: Passive therapy only gives short-term relief of symptoms. Active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. The patient is expected to continue active therapies at home. This patient is already on a home therapy program. Passive therapy modalities such as heat or cold can be incorporated in active home therapy. Therefore, the medical necessity of additional supervised physical therapy has not been established. The request for Post-Injection Physical Therapy is not medically necessary.