

Case Number:	CM13-0031119		
Date Assigned:	12/04/2013	Date of Injury:	12/13/2012
Decision Date:	02/06/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/02/2013

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 Medicine 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 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:

Patient is a 56 y/o male with a low back injury on 12/13/2012. The day following the injury, patient presents to primary care with worsening back pain and radiation to right leg. X-rays were taken and medication prescribed, patient then proceeded to physical therapy for one month, with minimal improvement. Patient was referred to orthopedics and a lumbar MRI was performed. MRI revealed L4-L5 right disc bulge into the right foramen, and at L5-S1 a disk protrusion into the left foramen. Patient's complaints include lumbar spine pain and radiation extending to the right knee, with associated numbness and tingling. Physical exam reveals lumbar tenderness and positive straight leg test on the right, without significant weakness or loss of reflexes. Treatment to date has included, physical therapy, 2 epidural steroid injections on 5/13 and 8/13, medication, and work modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Third L4-5 epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 22, 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

Decision rationale: As per the ACOEM Low Back chapter, page 300, epidural steroid injections are of questionable merit and while possibly offering a short term benefit, this treatment modality does not provide long term benefit or avoid the need for surgery. Furthermore, per Chronic Pain Guidelines, page 46, research shows that less than two injections are required for a successful ESI outcome, and that a third ESI is rarely recommended. Repeat blocks should only be pursued if there is documented functional improvement, 50% pain relief and decreased medication consumption. For this patient, this level of improvement was not documented and therefore a repeat injection would not be medically necessary.

Aquatic therapy 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 22, 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: Aquatic therapy, per CA MTUS, can be utilized where reduced weight bearing is desirable, for example extreme obesity. For this patient, who is able to bear weight, land based physical therapy should be sufficient. I see no evidence for the medical necessity of aquatic therapy.