

Case Number:	CM13-0034086		
Date Assigned:	12/06/2013	Date of Injury:	01/18/2012
Decision Date:	01/16/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/11/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 18, 2012. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; unspecified amounts of physical therapy; 30 prior epidural steroid injections; and extensive periods of time off of work. In a utilization review report of September 18, 2013, the claims administrator certified transforaminal epidural steroid injection and partially certified two sessions of physical therapy following said epidural steroid injection. The applicant's attorney appealed the entire decision. An earlier note of August 14, 2013 is notable for comments that the applicant is a represented former senior custodian. The applicant has severe degenerative disk disease at L5-S1 with moderate bilateral foraminal stenosis. Physical therapy does not ameliorate the applicant's symptoms. The applicant is asked to continue physical therapy, pursue an epidural steroid injection, and remain off of work, on total temporary disability. It is stated that the applicant wishes to avoid spine surgery at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 transforaminal epidural steroid injection: Overturned

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

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, particularly that which is radiographically confirmed. In this case, the applicant has had an MRI imaging of August 6, 2013 which is notable for severe degenerative disk disease of L5-S1 with associated moderate bilateral foraminal stenosis. These finding could account for the applicant's ongoing radicular complaints, although this is not entirely clear. In any case, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of epidural steroid injections for diagnostic purposes as well. This request is a first time epidural steroid injection request. A trial injection may have both diagnostic and therapeutic affect and is therefore certified.

Two (2) additional sessions of physical therapy for the lumbar spine: Upheld

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

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

Decision rationale: The applicant has had prior unspecified amounts of physical therapy over the life of the claim. While page 99 of he MTUS Chronic Pain Medical Treatment Guidelines does support 8 to 10 sessions of physical therapy for neuralgia and radiculitis of various body parts, page 8 of the MTUS guidelines also suggest that there must be demonstration of functional improvement at various milestones in the functional restoration program in order to justify continued treatment. In this case, the applicant's had over 30 prior sessions of chiropractic manipulative therapy and physical therapy. The applicant has failed to respond favorably to the same. The applicant has not made any strides with prior physical therapy. The applicant's failure to return to any form of work and continued dependence on various treatments, including the epidural steroid injection certified above, taken together, imply a lack of functional improvement as defined in MTUS Guidelines. Therefore, the request for additional physical therapy is not certified.