

Case Number:	CM13-0034648		
Date Assigned:	12/11/2013	Date of Injury:	11/05/2012
Decision Date:	01/24/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/15/2013

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 Physical Medicine & Rehabilitation 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 11/05/2012. The mechanism of injury was noted as a 500 pound plywood piece fell on him and pinned him to the ground. He was diagnosed with spine and bilateral hip fractures and a fracture of the left foot. His symptoms are noted as left foot pain, back pain, and bilateral hip pain. Objective findings include decreased sensation over the left great toe and over the lesser toes 2, 3, and 4 on both the dorsal and plantar surfaces, tenderness to palpation over the screw head on the dorsal surface of the foot, tenderness over the medial aspect of the foot at the site of the medial incision, pain with flexion and extension at the 1st metatarsal phalangeal joint, and decreased strength in all planes. It was noted that x-rays of the left foot revealed status post open reduction and internal fixation. An MRI of the lumbar spine dated 04/05/2013 showed normal discs at T12-L1 through L2-3, a mild disc bulging on the right at L3-4 with only mild right foraminal narrowing, mild disc space narrowing at L4-5 with a small annular fissure, mild facet arthropathy, mild right foraminal narrowing, and mild disc space narrowing at L5-S1, with uncovering of the posterior disc, the central canal was patent, and moderate right and moderately severe left foraminal narrowing. The patient saw Dr. [REDACTED] 09/10/2013 and it was noted that he had full strength in both lower extremities, was able to heel walk and toe walk, he had limited range of motion in the lumbar spine as flexion to 20 degree, extension to 10 degrees, and no myelopathic signs were noted. The plan was made for bilateral L5 transforaminal injections. It was also noted that the patient had previously participated in physical therapy; however, recent follow up visits had to be cancelled because the interpreter did not show up. A recommendation was made for 8 more sessions of physical therapy. The patient had electrodiagnostic studies on 10/31/2013 which revealed [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 Transforaminal Epidural Injection: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines state that epidural steroid injections are recommended as an option for the treatment of radicular pain, which is defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The criteria for use of epidural steroid injections includes that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the patient needs to have been initially unresponsive to an adequate trial of conservative treatment, including exercises, physical methods, NSAIDs, and muscle relaxants. In the recent notes provided for review, there is no documentation that the patient reported radicular symptoms. Additionally, there were no clinical findings consistent with radiculopathy noted on physical examinations. Additionally, recent electrodiagnostic studies were negative for radiculopathy. Therefore, the patient does not meet the criteria for use of epidural steroid injections as stated by guidelines. For this reason, the request is non-certified.

Eight sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

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

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines recommend physical medicine 9 to 10 visits over 8 weeks for myalgia, and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. The documentation provided for review states that the patient had previously participated in physical therapy; however, it is unknown how many visits the patient participated in to this point, and whether the patient made any functional gains with his previous treatments. With the absence of this detailed information regarding the patient's previous trial in physical medicine, the request for further physical therapy visits is not supported. Therefore, the request is non-certified.