

Case Number:	CM13-0036154		
Date Assigned:	12/13/2013	Date of Injury:	12/02/2009
Decision Date:	02/04/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/18/2013

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 Practice, has a subspecialty in Physical 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:

A 24 year old female claimant sustained a lumbar injury on 12/2/2009. Most recently, an examination report on 8/14/13 indicated she has a current diagnosis of cervical strain, prior carpal tunnel release, and right shoulder impingement. Examination findings revealed limited range of motion of the lumbar spine and paraspinal muscle tenderness. The claimant stated she had 50% relief with her 1st lumbar epidural injection (ESI) with facet block on 8/10/2013 and a second one was requested by the treating provider at this visit based on prior findings of radiculopathy on EMG/ECV testing. The provider also recommended additional physiotherapy after which at least 6 sessions were ordered and provided since May 2013. Pre-op testing prior to the epidural injection procedure was also requested. A report on 9/25/13 was nearly identical in objective findings and request for the 2nd ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine epidural steroid injection #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 300 & 309.

Decision rationale: According to the MTUS guidelines: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. In this case, the provider did not indicate in the examination that there were leg raise findings or active radiculopathy since the 1st ESI. The radiculopathy indication based on EMG is not provided nor does it state that it was persistent after the 1st ESI. Leg Raise findings consistent with radiculopathy were not noted since May 2013 which was prior to the 1st ESI. Table 12-8 in the guidelines state that ESI is not recommended in back pain without radiculopathy. As a result a 2nd ESI is not medically necessary.

Facet block at L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure.

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

Decision rationale: According to the MTUS guidelines: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 in the ACOEM guidelines also does not recommend facet joint injections for back pain. The facet block is not medically necessary.

Pre-op appointment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AHA guidelines of Pre-operative clearance 2011.

Decision rationale: The MTUS and ACOEM guidelines do not make recommendations on pre-operative clearance. In this case, the American Heart Association does not require pre-operative assessment in low-risk patients with non-cardiac surgery. The claimant does not have significant risk factors such as diabetes or heart disease, etc. In addition, the claimant underwent a recent operative procedure 1-month prior and an additional pre-operative risk is not required or medically necessary.

Physiotherapy 2 x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. In this case, the claimant has already undergone 6 sessions with improvement in range of motion. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, additional therapy sessions are not medically necessary.