

Case Number:	CM13-0038652		
Date Assigned:	12/18/2013	Date of Injury:	03/16/2009
Decision Date:	02/20/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	09/30/2013

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 and 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 24-year-old male who reported an injury on 03/16/2009. The patient reportedly was injured when he slipped on some water and fell backwards, landing on his back and arms and hands. The patient previously underwent an L4-5 facet block with little improvement noted. The L4-5 transforaminal epidural steroid injection was performed on 01/30/2013 with minimal improvements in his pain. He is also status post L5-S1 fusion performed in 04/2012 and underwent electrodiagnostic studies on 09/12/2013 which noted no evidence of peripheral neuropathy, entrapment neuropathy or acute lumbar radiculopathy. The patient was most recently seen on 12/10/2013 with continued pain across his back. The patient has been diagnosed with L4-5 spondylosis, status post L5-S1 fusion, lumbar facet syndrome, lower back pain, and muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal ESI with fluro and sedation pain management: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for a caudal ESI with fluoro and sedation pain management, according to California MTUS it states that epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Under the criteria for the use of epidural steroid injections, it states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the case of this patient, he has undergone electrodiagnostic studies which noted no radiculopathy on the findings. Furthermore, with the request indicating sedation for pain management, there is nothing in the documentation stating the patient has any form of anxiety which would necessitate sedation for an epidural steroid injection. Lastly, the physician has failed to indicate at which level the epidural steroid injection would have been given. Therefore, the requested service does not meet guideline criteria for an epidural steroid injection at this time. As such, the requested service is non-certified.

Physical therapy lumbar spine x 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Physician Reviewer's decision rationale: Regarding the second request for physical therapy of the lumbar spine times 12, under California MTUS it states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. For patients with myalgia/myositis unspecified, they are allowed 9 to 10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis unspecified, they are allowed 8 to 10 visits over 4 weeks. In the case of this patient, according to the documentation dated 01/23/2013, the patient had already been authorized for physical therapy and was due to start PT at that time. However, it is unclear if the patient participated in any of that physical therapy and if so, there is no documentation indicating how many sessions he completed. Furthermore, with the requested service of 8 sessions of physical therapy for the lumbar spine, the request exceeds maximum allowance per California MTUS Guidelines at this time. Therefore, the requested service is not deemed medically necessary and is non-certified.