

Case Number:	CM13-0038931		
Date Assigned:	12/18/2013	Date of Injury:	09/06/2012
Decision Date:	03/12/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/01/2013

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 an [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with cumulative trauma at work first claimed on September 6, 2012. Thus far, the applicant has been treated with the following: analgesic medications and one prior epidural steroid injection in June 2013. In a progress note of October 21, 2013, the applicant presents with ongoing mid back and low back pain radiating to bilateral legs. The applicant is status post four prior epidural steroid injections. The applicant is on Norco, phentermine, and Butrans. Limited lumbar range of motion is noted with strength ranging from 4-5/5 about the lower extremities. Full duty work is renewed as well as an order for epidural steroid injections as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for outpatient series of 3 caudal epidural steroid injections: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines current evidence does not support a series of three epidural steroid injections in either the diagnostic or therapeutic phases. Rather, MTUS recommends interval reassessment of an applicant after each injection to ensure continued benefit and ongoing functional improvement. Therefore, the proposed series of three epidural steroid injections is not certified.

request for outpatient physical therapy, 12 sessions for the lumbar spine: 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 Guidelines Page(s): 99.

Decision rationale: The 12 sessions of treatment being sought here represent treatment in excess of the 8 to 10 sessions of treatment recommended by MTUS Chronic Pain Medical Treatment Guidelines for neuritis and/or radiculitis of various body parts. The 12 sessions of treatment being sought also run counter to the philosophy espoused by MTUS Chronic Pain Medical Treatment Guidelines to taper or diminish the frequency of physical therapy treatment over time. Therefore, the request for 12 sessions of physical therapy is not certified, on Independent Medical Review.