

Case Number:	CM13-0039249		
Date Assigned:	12/18/2013	Date of Injury:	02/04/2006
Decision Date:	05/14/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/04/2013

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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 4, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; adjuvant medications; unspecified amounts of physical therapy over the life of the claim; electrodiagnostic testing of May 24, 2011, notable for an L4-L5 radiculopathy; and attorney representation. On April 1, 2013, the applicant was placed off of work, on total temporary disability. He was described as using Flector, Vicodin, and Zanaflex as of that point in time. A June 28, 2013 progress note was notable for comments that the applicant reported persistent low back pain and bilateral lower extremity pain. The applicant stated that he had 10 recent sessions of physical therapy. The applicant reported ongoing issues with depression, anxiety, numbness, tingling, and paresthesias. The applicant stated that earlier epidural steroid injection therapy was beneficial while earlier medial branch blocks were not effective. The attending provider states that the applicant had previously tried gabapentin, which is reportedly ineffective. The applicant's pain levels are 9/10 with medications and 10/10 without medications. The applicant is on Lidoderm, ketoprofen-gabapentin-lidocaine topical compound, Vicodin, and Flexeril. Multiple medications were refilled. Additional physical therapy was sought. A repeat epidural injection was also proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Left L4-5 and L5-S1 Epidural Steroid Injection, Under Fluoroscopic Guidance:
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: According to the Chronic Pain Medical Treatment Guidelines, repeat epidural blocks should be predicated on evidence of functional improvement with prior blocks. In this case, however, there has been no demonstration of functional improvement. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant on various medications, including Vicodin, Flexeril, a topical compound, physical therapy. All the above, taken together, implies a clear lack of functional improvement to date despite prior epidural steroid injection therapy. Therefore, the request for a repeat epidural steroid injection remains non-certified.

Physical Therapy, 2x4, For the Lumbar Spine: 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 Chronic Pain Medical Treatment Guidelines recommends 8- to 10-session of physical therapy for radiculitis. Demonstration of functional improvement is necessary at various milestones in the treatment program to justify continued treatment. In this case, however, the applicant's failure to return to work, continued dependence on various interventional spine injections, implies a lack of functional improvement with earlier physical therapy treatment. Therefore, the request for physical therapy is not certified.