

Case Number:	CM13-0040158		
Date Assigned:	01/22/2014	Date of Injury:	10/16/2012
Decision Date:	04/22/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 expert 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 23 year old female with an injury date on 10/16/12. Based on the 08/23/13 progress report provided by [REDACTED], the patient's diagnosis include grade 1 spondylolisthesis and HNP of the lumbar spine. The patient rates her low back pain as a 5/10 and occasionally has numbness down both legs down to [her] calves. She has had 23 visits of acupuncture and 24 visits of chiropractic treatment, which she states helped somewhat decrease her pain. She continues her home exercise program and takes both Motrin and Advil as needed for her back pain. She has palpation tenderness to her lower lumbar facet regions bilaterally. This 08/23/13 progress report continues to state that an MRI of the lumbar spine dated on 11/26/12 revealed L4-L5: 6 mm disc protrusion with a zone of high signal intensity resulting in bilateral foraminal narrowing and impingement on the exiting nerve roots bilaterally. L3-4 and L5-S1: 4-5 mm broad-based disc protrusions with a zone of high signal intensity resulting in foraminal narrowing and impingement on the exiting nerve roots.

IMR ISSUES, DECISIONS AND RATIONALES

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

A BILATERAL TRANSFORAMINAL EPIDURAL STEROID INJECTIONS (ESI) AT L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections. Page(s): 46-47.

Decision rationale: In reference to an epidural steroid injection, MTUS guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this patient, the electrodiagnostic consultation did not find any signs of radiculopathy. Although an MRI from 2012 showed 6mm disc at L4-5, the patient has only minimal symptoms down the leg. Examination did not show hard evidence of radiculopathy either. Finally, MTUS do not recommend more than two levels when injecting via transforaminal approach. The treating physician is asking for 3 levels on each side. Recommendation is for denial.

PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR THE LUMBAR SPINE:
Overturned

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 Chronic Pain Medical Treatment Guidelines, Physical Medicine. Page(s): 98-99.

Decision rationale: The request is for physical therapy twice a week for 4 weeks for lumbar spine. Review of the reports shows no previous therapy reports to verify treatment history. MTUS guidelines allow 8-10 sessions of therapy for neuritis, radiculitis type of symptoms as well for myalgia, and myositis. Review of the reports show that the patient has had 24 sessions of Chiropractic care and 23 of acupuncture. There is no record of any recent physical therapy. Given the patient's persistent pain, a short course of therapy may be reasonable and MTUS support 8-10 sessions. Recommendation is for authorization.