

Case Number:	CM13-0045712		
Date Assigned:	12/27/2013	Date of Injury:	01/14/2012
Decision Date:	03/11/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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, 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 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 64-year-old female with date of injury on 01/14/2012. The progress report dated 10/15/2013 by [REDACTED] indicates that the patient's diagnoses include: 1. Lumbago. 2. Lumbar degenerative disk disease. 3. Lumbar spinal stenosis. The treating physician indicates that the patient had recent MRI of the lumbar spine which showed a grade 1 anterolisthesis without spondylolysis at L4-L5. There was also central canal stenosis and mild left and moderate right foraminal stenosis. There was a 3.5 mm focal right paracentral disk protrusion at L5-S1 causing mild bilateral foraminal stenosis. The physical exam showed tenderness to palpation of the lumbar spine with stiff range of motion. She had 5/5 motor strength in the lower extremities bilaterally with exception of numbness in her foot, which foot was not specified. A request was made for formal physical therapy twice a week for 4 weeks and an epidural steroid injection at L4-L5 to decrease her pain and inflammation and improve her mobility. The utilization review letter dated 10/29/2013 issued a non-certification of these requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI L4-5 x1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 61,98-99. Decision based

on Non-MTUS Citation AMA Guides (Radiculopathy), and ACOEM Pain, Suffering, and the Restoration of Function Chapter (Page 114).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46,47.

Decision rationale: The patient continues with low back pain and radicular symptoms into the lower extremities. The physical exam on 10/15/2013 indicated the patient had numbness in her foot. The initial evaluation report on 07/19/2013 by [REDACTED] indicated that the patient's exam showed weakness in the extensor hallucis muscle as well as anterior tibialis muscle rated at 4/5. These findings were noted on the left lower extremity. It was also noted that the patient had undergone an EMG study of the lower extremities on 11/25/2012, which showed bilateral L5 radiculopathy. The treater had mentioned that the patient had undergone physical therapy in the past with mild relief and has not undergone any epidural steroid injections in the past. MTUS Guidelines regarding epidural steroid injection on page 46 and 47 requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. It also requires that when the patient is initially unresponsive to conservative treatment. MTUS further states that no more than one interlaminar level should be injected at one session. The current request appears to indicate that the injection is intended for a single interlaminar injection at L4-L5. Exam findings indicate that the patient has numbness in the foot and has had weakness in the anterior tibialis and extensor hallucis muscles in the left side. There is foraminal stenosis noted on MRI as well as L5 nerve root radiculopathy from EMG. The epidural injection appears to be reasonable and within the guidelines noted above. Therefore, authorization is recommended.

Physical Therapy 1-2x4 weeks for the Low Back: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 61,98-99. Decision based on Non-MTUS Citation), AMA Guides (Radiculopathy), and ACOEM Pain, Suffering, and the Restoration of Function Chapter (Page 114).

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

Decision rationale: The patient continues with significant low back pain and radicular symptoms in the lower extremities. The progress reports dated 09/17/2013 and 10/15/2013 both looks like there was a request for 8 sessions of physical therapy. The request on 09/17/2013 had request of 8 sessions of therapy including pool therapy. The treating physician does not indicate that the patient has undergone any such therapy in his 10/15/2013 report. The initial evaluation from 07/19/2013 indicates that the patient had undergone physical therapy treatment in the past with mild relief. It is uncertain how long ago these treatments were performed. MTUS Guidelines regarding physical medicine page 99 recommend 8 to 10 sessions of physical therapy for diagnosis such as neuralgia, neuritis, and radiculitis. The request for 8 sessions of physical therapy appears to be within the MTUS Guidelines. It appears by the records that the patient has not had any recent therapy. Therefore, authorization is recommended.

