

Case Number:	CM13-0046928		
Date Assigned:	12/27/2013	Date of Injury:	01/11/2013
Decision Date:	04/30/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/04/2013

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 37 year old male with a date of injury on January 11, 2013. Patient has been treated for ongoing symptoms to his low back and shoulder. Subjective complaints are of back pain that has exacerbated, rated 9/10, and radiating to the right hip and buttocks. Physical exam shows paraspinal and right flank tenderness and spasm, motor strength intact in all muscle groups, reflexes intact and symmetric, reduced lumbosacral flexion and decrease in light touch discrimination in an L4, L5 and right S1 distribution. A positive right straight leg raise down the right leg with crossed legs is also reported on physical examination. MRI June 2013 showed: L4-5 caudally dissecting central disc extrusion mildly impressing the thecal sac , bilateral facet arthrosis mild neural foraminal narrowing; L5-S1 central disc protrusion which does not impress on the thecal sac or neural structures, with no neural foraminal narrowing; and L3-4 posterior high intensity zone which could be annular tear. Back pain has been treated with NSAIDs, opioids, muscle relaxant medications and intramuscular Toradol. Patient had 10 sessions of physical therapy for shoulder impingement syndrome. Ice and a home exercise program have also been used. The record does not indicate any specific physical therapy directed to the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR AN EPIDURAL INJECTION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The Chronic Pain Medical Treatment Guideline notes that the purpose of epidural steroid injections (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Criteria for epidural steroid injections must show documented radiculopathy on physical exam and corroborated by imaging studies and/or electrodiagnostic testing. For this patient there are documented radicular signs that are also demonstrated on MRI, and the patient has failed medication and conservative treatment measures. Therefore, the request for an epidural steroid injection is medically necessary.

THE REQUEST FOR SIX (6) PHYSICAL THERAPY SESSIONS TO THE LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

Decision rationale: The California MTUS recommends 9-10 visits of physical therapy over 8 weeks for the treatment of myalgia or myositis, allowing for fading of treatment frequency (p.98-99). The ODG recommends 10 visits over 8 weeks for intervertebral disc disorders. For this patient, there is an established finding of discogenic back pain that has not yet received physical therapy treatment. Therefore, the requested 6 sessions of physical therapy are compliant with guideline recommendations, and are medically necessary.