MAXIMUS Federal Services

Case Number:	CM13-0047340		
Date Assigned:	12/27/2013	Date of Injury:	08/27/2009
Decision Date:	03/06/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/01/2013

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:

This is a 33-year-old female who sustained work-related injury to her lower back on 08/27/2009 while she was assisting a client and felt a pop in her lower back. She had MRI done on 05/11/2011 that showed, "5 mm left posterolateral and foraminal protrusion impinging the traversing left L5 root at the L4-5 disc level. Bright annular fissuring with 3 mm central protrusion L5-S1. There is likely irritation of both traversing right and left S1 nerve roots." The last record available for my review was dated 11/13/2012 follow up visit with [redacted]. As per prior utilization review dated 10/28/2013 by [redacted], treatment so far includes chiropractic treatment, urine drug screen, physical therapy, TENS unit, home exercise program, and lumbar ESI. As per [redacted] documentation of records review, the follow up note dated 10/17/2013 by [redacted] indicates she presented with complains of lower back pain and stated she feels very good after her left ESI on 09/27/2013 and resolution of soreness in her lower back that has been ongoing for years. Urine drug screening was negative for codeine. She was diagnosed with lumbar radiculopathy and chronic pain syndrome, chronic pain related insomnia, myofascial pain, and neuropathic pain. Treatment plan was second lumbar ESI caudal approach with epidurogram and physical therapy 2x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for Second Lumbar Epidural Steroid Injection (ESI): Upheld

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

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

Decision rationale: As per CA MTUS guidelines, "repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks..." There is no documentation of objective findings to determine functional improvement has achieved. Thus, the request for 2nd ESI is not certified.

request for 12 Physical Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

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

Decision rationale: As per CA MTUS guidelines, "active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort." The available records lack documentation of such objective findings. Furthermore, she was diagnosed with lumbar radiculopathy, chronic pain syndrome, chronic pain related insomnia, myofascial pain, and neuropathic pain. As per the guidelines, the total number of visits allowed is 10 visits, which exceeds the requested treatment. Thus, the request is non-certified.