

Case Number:	CM13-0047829		
Date Assigned:	01/31/2014	Date of Injury:	05/06/2001
Decision Date:	05/07/2014	UR Denial Date:	10/03/2013
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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 6, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy over the life of the claim; prior lumbar spine surgery; and extensive periods of time off of work, on total temporary disability. A July 9, 2013 progress note is notable for comments that the applicant reports 5-8/10 low back pain. The applicant states that his quality of life is fair. He is unable to work. He is performing activities of daily living poorly. He is pending physical therapy and psychological evaluation. He is on Desyrel, Celexa, Neurontin, Prilosec, Fosamax, aspirin, benazepril, Flonase, hydrochlorothiazide, Levoxyl, metformin, Flagyl, Zocor, trazodone, and testosterone. The applicant has a BMI of 27. Positive straight leg raising is noted on the right with 5/5 upper and lower extremity strength noted. There is some evidence of diminished sensorium noted about the median nerve distribution of the bilateral hands. A well-healed surgical scar is noted about the lumbar spine. The applicant is given prescriptions for Celebrex, Neurontin, and Prilosec, and asked to remain off of work, on total temporary disability. In an August 20, 2013 progress note, the applicant is again placed off of work, on total temporary disability. An MRI imaging of the lumbar spine is sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHYSICAL THERAPY 3 TIMES PER WEEK FOR 4 WEEKS TO THE LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The 12-session course of treatment, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgia and myositis of various body parts, the issue seemingly present here. In this case, there has been no seeming demonstration of functional improvement which would support further treatment beyond the guideline. The applicant is off of work. The applicant remains highly reliant on numerous analgesic, adjuvant, and psychotropic medications. All of the above, taken together, imply that prior unspecified amounts of physical therapy were unsuccessful. Therefore, the request is not certified.

OUTPATIENT EPIDURAL STEROID INJECTION OF THE LUMBAR SPINE AT LEVELS L4/L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: It is not clear whether this is a first-time request or a repeat block. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, repeat blocks should be pursued only if there is evidence of appropriate analgesia and functional improvement with earlier blocks. In this case, however, the applicant is off of work, on total temporary disability. The applicant remains heavily reliant on multiple analgesic, adjuvant, and psychotropic medications. All the above, taken together, imply that the earlier epidural steroid injection therapy was unsuccessful. It is further noted, as suggested by the claims administrator, that the applicant does not have clear electrodiagnostic and/or radiographic evidence of radiculopathy. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support two diagnostic epidural blocks during the diagnostic phase of injury, in this case, however, it is not clearly stated why the epidural block is being considered. It is unclear if the block in question is a diagnostic block or a therapeutic block. The results of recent MRI imaging and electrodiagnostic testing have not been furnished. Thus, there is no present radiographic or electrodiagnostic corroboration of radiculopathy. Thus, for all the stated reasons, then, the request is not certified.