

Case Number:	CM13-0051729		
Date Assigned:	12/27/2013	Date of Injury:	03/11/2013
Decision Date:	03/26/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/15/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 46-year-old male who reported an injury on 03/11/2013, secondary to heavy lifting. The patient is currently diagnosed with lumbar disc protrusion, lumbar degenerative disc disease, and left lower extremity radiculitis. The patient was seen by [REDACTED] on 11/11/2013. The patient reported worsening pain following an initial lumbar epidural steroid injection. The patient does report significant relief following physical therapy. Physical examination revealed tenderness to palpation, 4/5 strength, restricted range of motion, and decreased sensation to light touch in the left foot. Treatment recommendations included authorization for physical therapy 3 times per week for 4 weeks, a TENS unit, and a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

A lumbar steroid injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other

rehab efforts. As per the documentation submitted, the patient has previously undergone an epidural steroid injection. The patient reported worsening pain following the injection on 10/15/2013. There was no indication of a 50% pain relief with an associated reduction of medication use for 6 to 8 weeks. There were also no diagnostic reports or imaging studies submitted for review. Based on the clinical information received, the request is non-certified.

Physical therapy for the lumbar spine (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines state 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. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, the patient has previously participated in a course of physical therapy. Although the patient has reported significant relief, there was no documentation of the previous course of treatment. Without evidence of objective functional improvement, the ongoing treatment cannot be determined as medically appropriate. Furthermore, the current request for physical therapy 3 times per week for 4 weeks exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.