

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0064681 | | |
| Date Assigned: | 01/17/2014 | Date of Injury: | 01/20/2011 |
| Decision Date: | 05/20/2014 | UR Denial Date: | 12/05/2013 |
| Priority: | Standard | Application Received: | 12/12/2013 |

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 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:

The patient is an employee of [REDACTED] and has submitted a claim for low back pain with an industrial injury date of January 20, 2011. Treatment to date has included medications, 16 sessions of physical therapy (April 2010 and November 2011), and epidural blocks, which provided improvement of pain symptoms. Utilization review from December 5, 2013 denied the request for 12 physical therapy visits for the lumbar spine between 12/4/2013 and 1/18/2014 because the clinical notes did not provide evidence that would support supervised therapy; and 1 lumbar epidural block at L4-L5 level because there were no objective findings of radiculopathy. Medical records from 2013 were reviewed, which showed that the patient complained of low back pain radiating down the left leg and knee, which is improved with massages. She is unable to stand on her feet for long periods of time. On physical examination, she had difficulty with heel walking on the left. Motor strength was also normal. Patrick sign was positive on the left with referred pain in the left sacroiliac notch. Straight leg raising test was positive on the left. Deep tendon reflex was +3 on the right patella, absent on the left Achilles, and +1 on the right Achilles.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY VISITS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION PHYSICAL MEDICINE Page(s): 99.

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

Decision rationale: According to pages 98-99 of the Chronic Pain Medical Treatment Guidelines regarding physical therapy, there should be a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. In this case, the employee already had previous physical therapy but objective evidence of functional improvement such as improvement in pain scores or activities of daily living were not recorded. In addition, patients are expected to continue a home exercise program in order to maintain improvement levels. Therefore, the request for 12 Physical Therapy Visits for the Lumbar Spine is not medically necessary.

ONE (1) LUMBAR EPIDURAL BLOCK AT THE L4-L5 LEVEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION CRITERIA FOR THE USE OF EPIDURAL STEROID INJECTIONS Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION EPIDURAL STEROID INJECTIONS (ESI) Page(s): 46.

Decision rationale: According to page 46 of the Chronic Pain Medical Treatment Guidelines, epidural injections are not supported in the absence of objective radiculopathy, including an imaging study and/or an electrodiagnostic study documenting correlating concordant nerve root pathology. In addition, there should be documentation that conservative treatment has failed. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, although signs of radiculopathy were observed during physical examination, there were no imaging or electrodiagnostic studies corroborating such findings. In addition, there was no documentation that conservative treatment had failed. Moreover, the employee already had previous epidural injections but objective evidence of pain relief or functional improvement were not stated in the medical records. The criteria have not been met; therefore, the request for 1 lumbar Epidural Block at the L4-L5 Level is not medically necessary.