

Case Number:	CM13-0068880		
Date Assigned:	05/07/2014	Date of Injury:	07/02/2012
Decision Date:	06/12/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/20/2013

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 Anesthesiology, 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 patient is an employee of [REDACTED] with an industrial injury date of July 2, 2012. Treatment to date has included oral and topical analgesics, muscle relaxants, anxiolytics/antidepressants, home exercise program, physical therapy, aquatic therapy, TENS, and left L4-5 and L5-S1 epidural steroid injection. Medical records from 2012 to 2014 were reviewed and showed persistent low back pain radiating to the left leg, not relieved by pain medications. Physical examination showed an antalgic gait; diffuse lumbosacral tenderness more on the left sciatic notch and SI region; limitation of motion of the back; positive straight leg raise at 45 degrees bilaterally, more on the left; and bilateral ankle pain. An MRI obtained on June 10, 2013 revealed the following findings: L4-L5 and L5-S1 degenerated discs; left paracentral disc protrusion at L5-S1, which contacts the traversing left S1 nerve root; and disc disorder at L4-5 is associated with an annular fissure. Electrodiagnostic studies of the bilateral lower extremities done on October 22, 2013 showed normal results. Diagnoses include left lumbar radiculopathy, chronic pain syndrome, lumbar spinal stenosis, lumbar degenerative disc disease, lumbar disc herniations with annular tears at L4-5 and L5-S1. The patient had received a left L4-5 and L5-S1 transforaminal epidural steroid injection on January 28, 2013 and reported 10% of pain relief for the first 3 days. She has been undergoing physical therapy sessions from which good pain relief was achieved.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L4-5 AND L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION:
Upheld

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

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

Decision rationale: Page 46 of the MTUS Chronic Pain Guidelines states that there is no support for epidural injections in the absence of documented objective radiculopathy. Epidural steroid injections can offer short-term pain relief and should be used in conjunction with other rehab efforts. Criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and conservative treatment. Repeat blocks should only be offered if there is at least 50% 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, the patient had received a left L4-5 and L5-S1 transforaminal epidural steroid injection on January 28, 2013; however only 10% of pain relief was reported which lasted for 3 days only. The MTUS Chronic Pain Guidelines recommends repeat blocks when at least 50 % pain relief is achieved for 6-8 weeks. Moreover, there was no documented failure of conservative treatment as the patient has been undergoing physical therapy sessions from which good pain relief was achieved. Therefore, the request is not medically necessary and appropriate.

PHYSICAL THERAPY, TO THE LOW BACK QTY:8: Upheld

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

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

Decision rationale: Pages 98-99 of the MTUS Chronic Pain Guidelines stress the importance of 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. It also states that physical medicine is recommended and should be tapered and transitioned into a self-directed home program. In this case, the patient had several physical therapy sessions from which good pain relief was achieved. However, there was no documentation regarding functional goals. Moreover, it is unclear as to why the patient is unable to transition to a self-directed home exercise program. The medical necessity for additional physical therapy sessions has not been established. Therefore, the request is not medically necessary and appropriate..