

Case Number:	CM13-0069952		
Date Assigned:	01/03/2014	Date of Injury:	08/18/2008
Decision Date:	06/16/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/23/2013

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 Physical Medicine and Rehabilitation 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] and has submitted a claim for lumbar radiculopathy and lumbar post laminectomy syndrome associated with an industrial injury date of August 18, 2008. Treatment to date has included oral analgesics, chiropractic therapy, lumbar surgery, physical therapy, and TENS. Medical records from 2013 were reviewed and showed chronic low back pain with burning pain on the bottom of the left foot. Physical examination of the lumbar spine showed tenderness, spasms, generalized muscle weakness secondary to pain, and a positive seated straight leg raise on the right. The patient was diagnosed with lumbar neuritis/radiculitis and post laminectomy syndrome of the lumbar spine. MRI of the lumbar spine obtained on October 11, 2013 revealed severe spinal canal stenosis at L4-5, moderate spinal canal stenosis at L3-4 and mild spinal canal stenosis at L2-3; moderate osteoarthritis; diffuse posterior disc bulge measuring 3-4mm at L2-3 disc level with mild narrowing of the bilateral neural foramina; and diffuse posterior disc protrusion measuring 4-5mm at L3-4 disc level and 5-6mm at L4-5 disc level with narrowing of the bilateral neural foramina. A progress report dated November 14, 2013 stated that a lumbar ESI was requested due to exhaustion of non-operative treatment modalities. Utilization review dated December 10, 2013 denied the requests for lumbar epidural steroid facet injection L4-5 and L5-S1 x 2 due to no compelling evidence of radiculopathy on exam; and post injection physical therapy of the lumbar spine 3x3 due to non certification of the lumbar epidural steroid injection .

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID FACET INJECTION L4-5 AND L5-S1 X 2: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines on Page 46 states that epidural steroid injections are recommended when radiculopathy is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; there is unresponsiveness to conservative treatment; and no more than one interlaminar level should be injected at one session. In this case, there were no objective findings to suggest the presence of radiculopathy to corroborate with the MRI findings of spinal canal stenosis and bilateral neural foraminal narrowing of the lumbar spine. Moreover, the request includes two interlaminar levels for injection which is not recommended by the guideline. The criteria were not met. Therefore, the request for Lumbar Epidural Steroid Facet Injection L4-5 and L5-S1 X 2 is not medically necessary.

POST-INJECTION PHYSICAL THERAPY LUMBAR SPINE 3X3: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy (Post Epidural Steroid Injections).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) Low Back Chapter was used instead. There is little evidence-based research that addresses the use of physical therapy post ESIs, but it appears that most randomized controlled trials have utilized an ongoing, home directed program post injection. Based on current literature, the only need for further physical therapy treatment post ESI would be to emphasize the home exercise program, and this requirement would generally be included in the currently suggested maximum visits for the underlying condition, or at least not require more than 2 additional visits to reinforce the home exercise program. In this case, since the primary procedure is not medically necessary an appropriate, none of the associated services are medically necessary. Therefore, the request for Post-Injection Physical Therapy Lumbar Spine 3X3 is not medically necessary.