

Case Number:	CM13-0071064		
Date Assigned:	01/08/2014	Date of Injury:	04/16/2003
Decision Date:	06/13/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/26/2013

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, has a subspecialty in Interventional Spine 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:

This patient is a 58-year-old female with date of injury 04/16/2003. Per progress report 11/21/2013, patient presents with back and right leg pain, numbness and tingling due to industrial injury. The examination showed palpatory tenderness in the midline at the level of the iliac crest and inferior, sitting straight leg raise positive bilaterally, no motor sensory deficits. Diagnostic impressions were degenerative spondylolisthesis at L4 and L5, degenerative disk disease at L5-S1. The treatment and plan was to await the lumbar epidural steroid injection and also to discuss surgical option. Progress report dated 11/01/2013 by another physician has patient presenting with moderately severe low back and right foot pain with injuries to her teeth, jaw, and low back at an intensity of 9/10. The patient has been recommended for injection and also recommended surgery by [REDACTED]. The recommendation was for authorization and treatment with [REDACTED] for possible back surgery, Butrans patch, and authorization request for pain management consultation to monitor medications. A 08/19/2013 reports by [REDACTED] reviewed the MRI of the lumbar spine and also provided diagnosis of degenerative spondylolisthesis at L4-L5 and recommendation was to consider interbody fusion at L4-L5 for reduction of spondylolisthesis and did not believe that the patient was candidate for 2-level fusion. The report of the lumbar MRIs dated 07/11/2013 with impression stable exam with significant likely degenerative anterolisthesis of L4 on L5. There was no significant central canal or foraminal narrowing at L3-L4, moderate central canal and lateral recess narrowing at L4-L5 with anterolisthesis, facet degenerative change. The utilization review letter is dated 11/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR ESI L5-S1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI), Page(s): 46-47.

Decision rationale: This patient presents with chronic and persistent low back pain with radiation down the right lower extremity. The request is for lumbar epidural steroid injection at L5-S1. A review of the reports shows that the patient does have pain down the right lower extremity and [REDACTED] describes "right foot flops." The examination showed seated straight leg raise test that was positive by one examiner, and another examiner saw negative straight leg raise test but weakness in the right EHL and tibialis anterior. The patient is also noted to have numbness and tingling, burning sensation down the right lower extremity. MRI of the lumbar spine showed anterolisthesis at L4-L5 with moderate to severe bilateral foraminal stenosis, lateral recess stenosis. California MTUS Guidelines allow epidural steroid injections with clear diagnosis of radiculopathy. The patient does not appear to have had epidural steroid injection in the past. The patient has clear radicular symptoms down the right lower extremity, with positive examination maneuvers including weakness in myotomal pattern, and positive MRI findings with likely L5 nerve root problems with foraminal and lateral recess stenosis at L4-L5. The requested trial of epidural steroid injection appears reasonable, and recommendation is for authorization.

L4-5 FACET INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diagnostic Blocks for Facet Nerve Pain.

Decision rationale: This patient presents with persistent low back pain, right lower extremity pain. The request is for L4-L5 facet injection, but this patient presents with radiculopathy for which an epidural steroid injection is being requested. ODG Guidelines do not support facet injections when radiculopathy is clearly present. The examination of this patient did not show paravertebral facet tenderness, but most importantly, the patient is to undergo epidural steroid injection for radiculopathy. Facet injections are not indicated in this situation. Recommendation is for denial.

PHYSICAL THERAPY 2X10: Upheld

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

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

Decision rationale: This patient presents with persistent low back and right lower extremity pain. The request is for physical therapy 2 times a week for 10 weeks. Unfortunately, the progress report containing the request is not available for this review. Despite review of multiple reports from 2013, clear physical therapy treatment history is not provided. However, the patient did have physical therapy and chiropractic treatments following the injury. California MTUS Guidelines allow up to 9 to 10 sessions of physical therapy for myalgia, myositis, neuritis, radiculitis, the type of condition this patient suffers from. The current request for 20 sessions of physical therapy exceeds what is allowed by California MTUS Guidelines for this type of condition. If the patient has not had any recent physical therapy, it would be reasonable to provide up to 10 sessions, but the current request is excessive. Recommendation is for denial.