MAXIMUS Federal Services

Case Number:	CM14-0002200		
Date Assigned:	01/24/2014	Date of Injury:	08/19/2013
Decision Date:	06/13/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/07/2014

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 Illinois. 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 injured worker is a 44-year-old who reported an injury on August 19, 2013. On December 20, 2013 the injured worker had a physical evaluation with complaints of low back pain and left leg pain into the L4 nerve root distribution to his quadriceps and into his calf on occasion with prolonged sitting, standing, and repetitive bending. The injured worker had completed twelve physical therapy sessions. The injured worker's objective findings were focal tenderness over L3-L4, L4-L5 and L5-S1 posterior spinous process and paravertebral muscles. The range of motion is 25 degrees forward flexion, 10 degrees extension with pain into his left gluteal region. He had a positive straight leg raise. The diagnosis was noted as L4-L5 lumbar disc herniation and left paracentral disc herniation with left leg radicular symptoms. The recommendations are for Relafen, and a refill of Ultracet and Norflex. A request for authorization for medical treatment dated December 4, 2013 was submitted with this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT SESSIONS OF ADDITIONAL PHYSICAL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Suffering, And The Restoration of Function Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), page 114.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines allow for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home physical medicine. The guidelines indicate eight to ten visits over 4 weeks. The injured worker had twelve sessions of physical therapy and does not have significant funtional limitations. The request for eight sessions of additional physical therapy isnot medically necessary or appropriate.

TRANSFORAMINAL BILATERAL L4-L5 EPIDURAL STEROID INJECTION.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: The request for transforaminal bilateral L4-L5 epidural steroid injection is non-certified. The Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs (non-steroidal anti-inflammatory drugs) and muscle relaxants), injections should be performed using fluoroscopy (live x-ray) for guidance. The documentation submitted for review does not contain significant data to indicate radiculopathy. The injured worker is noted to have minimal weakness; however, findings are not rated. There was also no evidence of decrease sensation. The MRI impression notes no evidence of significant neural foramina stenosis. The response of conservative care is unclear as evidenced by no recent pain rating. Also, epidural steroid injections are recommended by the guidelines under fluoroscopy for guidance. The request for transforaminal bilateral L4-L5 ESI is not medically necessary or appropriate.