

Case Number:	CM14-0002287		
Date Assigned:	01/24/2014	Date of Injury:	09/09/2013
Decision Date:	06/12/2014	UR Denial Date:	12/16/2013
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 Orthopedic Surgery 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 claimant is a 54-year-old male who was injured on September 9, 2013. Diagnoses include bilateral thoracic sprain/strain and lumbosacral sprain/strain. On October 8, 2013, the claimant is documented as returning with continued complaints of low back pain particular with ambulation. The physical exam documents tenderness on forward flexion, a positive Waddells signs, negative straight leg raise, and tenderness palpation over the lumbar paraspinous muscles with no evidence of spasm. The clinician recommended anti-inflammatories and continuing physical therapy. An MRI of the lumbar spine was obtained on October 17, 2013 and is documented as showing mild central canal stenosis at L2-3, L3-4, and L4-5. No nerve root compression is noted, although there is evidence of bilateral facet hypertrophy from L3 to L5. The examination on November 22, 2013 documents-lordosis and muscle spasm of the lumbar spine, palpable trigger points over the lumbar paraspinous musculature and terrorists palpation over the lumbar spinous processes. Straight leg raise is documented as being positive on the left, there sure muscle weakness and pain in the left side of the low back. To walk maneuvers were performed with weakness in the left. Pain is documented with flexion and extension. The sensory examination indicates diminished sensation to the lumbar spine on the left at L4-5 and motor weakness of the left side in the distribution of the L5 and S1 dermatomes. The clinician references the ACOEM guidelines in support of the request for lumbar epidural steroid injections. The clinician also request 9 post injection physical therapy appointments. The utilization review in question was rendered on December 16, 2013. The reviewer noncertified the request for lumbar epidural steroid facet injections at L3-L5 bilaterally and 9 postoperative physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR FACET EPIDURAL STEROID INJECTION L3-L5 X 2: 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 California MTUS has clear guidelines for proceeding with epidural steroid injections. These guidelines include identifiable all radiculopathy on examination that is corroborated by imaging studies and/or electrodiagnostic testing. Based on clinical documentation provided, radiculopathy is noted on examination with weakness and L5 and S1 dermatomal distribution. However, the MRI does not demonstrate nerve root impingement. As such, the request is considered not medically necessary.

POST-OPERATIVE PHYSICAL THERAPY 3 X WEEK FOR 3 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The requested lumbar epidural steroid injection has been found to be not medically necessary. As such, the post injection physical therapy is also not necessary.