MAXIMUS Federal Services

Case Number:	CM14-0003497		
Date Assigned:	01/31/2014	Date of Injury:	01/09/2012
Decision Date:	06/19/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/08/2014

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 Anesthesiology/Pain Medicine and is licensed to practice in Florida. 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 reported a date of injury on 01/09/2012. According to the clinical note dated 10/08/2013 the injured workers "spine" range of motion was reported as flexion to 40 degrees, extension to 10 degrees, lateral bending to 35 degress and lateral rotation to 45 degrees. The injured workers' motor strength was reported at 5/5. According to the clinical note dated 11/18/2013 the injured worker complained of "a little pain". The provider noted the injured worker had to break up a dog fight and that "flared things up". The x-ray performed at the visit revealed posterior lumbar interbody fusion with pedicle screw present, there was no evidence of hardware loosening. The injured worker's diagnoses included lumbar disc degeneration and status post fusion on 04/04/2013. The injured worker's medication regimen was not included in the documentation provided for review. The request for authorization of bilateral lumbar caudal epidural injection at L5-S1 (to be performed @ [redacted]) between 12/108/2013 and 01/24/2014 and for eight (8) post-injection physical therapy sessions for the lumbar spine between 12/10/2013 and 01/24/2014 was submitted on 01/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR CAUDAL EPIDURAL INJECTION AT L5-S1 (TO BE PERFORMED @ [redacted]) BETWEEN 12/108/2013 AND 1/24/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,309.

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

Decision rationale: The CA MTUS guidelines recommend ESI's as an option for treatment of radicular pain. According to the guidelines radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation provided for review lacks clinical findings of radiculopathy. The injured worker complained of "a little pain", there was a lack of documentation regarding radiating pain or functional deficits. The rationale for the epidural steroid injections was unclear. There was a lack of documentation of significant findings of radiculopahty upon physical exam. Therefore, the request for bilateral lumbar caudal epidural injection at L5-S1 (to be performed @ [redacted]) is not medically necessary and appropriate.

EIGHT (8) POST-INJECTION PHYSICAL THERAPY SESSIONS FOR THE LUMBAR SPINE BETWEEN 12/10/2013 AND 1/24/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 134. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12, LOW BACK COMPLAINTS, 134

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

Decision rationale: The CA MTUS guidelines recommend epidural steroid injections to be utilized in conjunction with other rehab efforts, including continuing a home exercise program. In addition the CA MTUS guidelines recommend active therapy based on the philosophy that therapeutic exercise an/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There was a lack of documention related to functional deficits and change in the clincial status of the injured worker. The request for physical therapy was based on the request for the epidural steroid injections. As the Epidural steroid injections are non-certified, the request for physical therapy would not be medically necessary. Therefore, the request for eight (8) post-injection physical therapy sessions for the lumbar spine between are not medically necessary and appropriate.