

Case Number:	CM14-0004366		
Date Assigned:	02/05/2014	Date of Injury:	07/28/2012
Decision Date:	06/27/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/13/2014

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 Occupational Medicine 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 a 32-year-old female who has filed a claim for sciatica associated with an industrial injury date of July 28, 2012. Review of progress notes reports low back pain radiating down the right lower extremity. Findings include antalgic gait, mildly decreased strength in the right dorsiflexion, and lumbosacral muscle spasm with minimal tenderness over the lumbosacral facet joints. EMG/NCS dated October 04, 2013 showed bilateral L5 radiculopathy, left worse than the right. Treatment to date has included muscle relaxants, opioids, home exercises, acupuncture, transforaminal epidural steroid injection in October 2013 with significant improvement of symptoms and decreased intake of medications. Utilization review from January 03, 2014 denied the request for transforaminal epidural steroid injection under fluoroscopy for lumbar and/or sacral vertebrae; and pool therapy for lumbar and/or sacral vertebrae. Reasons for denial were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TRANSFORAMINAL EPIDURAL STEROID INJECTION UNDER FLU FOR LUMBAR AND/OR SACRAL VERTEBRAE (VERTEBRA NOC TRUNK): 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 Chronic Pain Medical Treatment Guidelines Page(s): 46.

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for epidural injections in the absence of objective radiculopathy. Criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and conservative treatment. Repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, patient was noted to have significant improvement following previous lumbar epidural steroid injection in October 2013. However, there is no documentation of objective decrease in pain, duration of relief of pain, or decrease in medication use. Therefore, the request for transforaminal epidural steroid injection under fluoroscopy for lumbar and/or sacral vertebrae was not medically necessary.

POOL THERAPY 1 X 8 FOR LUMBAR AND/OR SACRAL VERTEBRAE (VERTEBRA NOC TRUNK), MULTIPLE BODY PARTS (INCLUDING BODY SYSTEMS AND BODY PARTS), MULTIPLE NECK INJURY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 22.

Decision rationale: According to page 22 of CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. In this case, there is no documentation of failure or inability to perform land-based therapy. Additionally, there was no documentation of the patient's height and weight in the records provided. Therefore, the request for pool therapy for lumbar and/or sacral vertebrae was not medically necessary.