

Case Number:	CM14-0100471		
Date Assigned:	07/30/2014	Date of Injury:	07/18/2013
Decision Date:	12/30/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 is a 36-year-old male with a 7/18/13 date of injury, when he was picking up a tarp full of branches and felt pain in his low back. The patient was seen on 6/18/14 with complaints of continued low back pain with left leg radicular symptoms. Exam findings revealed loss of lumbar lordosis and restricted lumbar motion. The straight leg rise (SLR) was positive on the left at 30 degrees and the Lasegue's sign was positive. The diagnosis is thoracic/lumbar spine sprain/strain and lumbar spine herniated nucleus pulposus with radiculopathy. An magnetic resonance imaging (MRI) of the lumbar spine dated 10/25/13 (the report was not available for the review) revealed: a 6mm disc effacing the thecal sac at the L3-L4 and left paracentral disc protrusion; a 6mm central and slightly paracentral disc protrusion at the L4-L5. Treatment to date: work restrictions, physical therapy and medications. An adverse determination was received on 6/18/14. The request for Lumbar epidural injections times two was denied for a lack of objective evidence of radiculopathy. The request for lumbar physical therapy time's right for core stabilization was modified to 2 sessions to allow for functional improvement, decrease in pain and reeducation in a prescribed self-administrated program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injections x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not support epidural injections in the absence of objective radiculopathy. In addition, California (MTUS) criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. However, there is a lack of documentation indicating objective signs of radiculopathy. In addition, the imaging studies of the lumbar spine were not available for the review. Lastly, the requested site and level of injections were not specified in the request. Therefore, the request for Lumbar epidural injections times two was not medically necessary.

Lumbar Physical Therapy x 8 for core stabilization: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. However, there is a lack of documentation indicating how many sessions of PT the patient accomplished. In addition, there is a lack of documentation with subjective and objective functional gains from prior treatment. Lastly, the UR decision dated 6/18/14 certified 2 sessions of physical therapy (PT) for the patient for functional improvement, decrease in pain and reeducation in a prescribed self-administered program. Therefore, the request for lumbar physical therapy times eight for core stabilization was not medically necessary.