Case Number:	CM14-0100627		
Date Assigned:	07/30/2014	**Date of Injury:**	11/07/2013
Decision Date:	09/19/2014	**UR Denial Date:**	06/06/2014
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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 35 year old male whose date of injury is 11/07/13. On this date he was lifting a toilet when he slipped. Lumbar MRI dated 05/04/14 revealed at L5-S1 there is a 4 mm broad based disc protrusion combined with prominent anterior epidural fat abuts the thecal sac and produces spinal canal narrowing and bilateral neural foraminal narrowing. Follow up note dated 06/12/14 indicates that the injured worker complains of chronic pain in his lumbar spine with radiation to the lower extremities, greater on the left. On physical examination he utilizes a one point cane for balance. There is tenderness and spasm in the lumbar paravertebral musculature. There is decreased sensation bilateral L4, L5 and S1 distributions. Impression is lumbosacral radiculopathy and lumbar sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy treatment for the lumbar spine, 2 times a week for 4 weeks, QTY: 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for physical therapy treatment for the lumbar spine 2 x week for 4 weeks is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. It is unclear how many sessions of physical therapy the injured worker has completed to date and the injured worker's response to treatment is not documented. The California MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary.

Epidural Steroid Injection at L5-S1, QTY: 3: Upheld

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

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

Decision rationale: Based on the clinical information provided, the request for epidural steroid injection at L5-S1 qty 3 is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The California MTUS require documentation that an injured worker has been unresponsive to conservative treatment prior to the performance of an epidural steroid injection. Additionally, CA MTUS guidelines do not support a series of three epidural steroid injections.