

Case Number:	CM14-0105531		
Date Assigned:	07/30/2014	Date of Injury:	05/24/2011
Decision Date:	08/29/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine and Rehabilitation 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 36-year-old male who reported an injury on 05/24/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 05/27/2014 indicated that the injured worker reported sharp low back pain rated at an 8/10. He denied radiation, numbness, tingling, weakness or back spasms. The injured worker reported that sitting aggravated the pain. The injured worker reported that he was performing a pullup; and when he let go it dropped about 12 inches, he struck the ground with his legs. The injured worker reported that this was 2.5 weeks ago. On physical examination of the lumbar, flexion was 35 degrees and extension 25 degrees. The injured worker's straight leg raise on the right at 40 degrees caused the injured worker back pain. The L4-5 and L5-S1 interspaces were tender. The injured worker's bilateral patellae and Achilles reflexes were 2, with toes downgoing. Knee-to-chest caused back pain to the injured worker. The injured worker reported that he had tried physical therapy; however, he reported no improvement with physical therapy. The injured worker's prior treatments included diagnostic imaging, physical therapy and medication management. The injured worker's medication regimen included Anaprox, Protonix, Ultram, Methoderm and Medrox patches. The provider submitted a request for physical therapy to the lumbar spine and bilateral L5 transforaminal epidural steroid injections. A Request for Authorization was not submitted for review, to include the date that the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the Lumbar Spine QTY: 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for Physical Therapy to the Lumbar Spine QTY: 8 is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. It was indicated that the injured worker had prior courses of physical therapy without improvement. In addition, the amount of physical therapy visits that have already been completed is not indicated. Moreover, the request does not indicate a timeframe for the physical therapy. Therefore, the request for physical therapy is not medically necessary.

Bilateral L5 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for Bilateral L5 transforaminal epidural steroid injection is not medically necessary.. The CA MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. The injured worker denied radiation, numbness, tingling, weakness or back spasms. There is a lack of evidence of significant neurological findings. In addition, the request did not indicate fluoroscopy. Moreover, the official MRI was not submitted for review. Therefore, the request for a bilateral L5 transforaminal epidural steroid injection is not medically necessary.