

Case Number:	CM14-0106761		
Date Assigned:	09/24/2014	Date of Injury:	10/15/2007
Decision Date:	10/24/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/10/2014

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 Management and is licensed to practice in Tennessee. 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 57-year-old female who has submitted a claim for postlaminectomy syndrome - lumbar associated with an industrial injury date of 10/15/2007. Medical records from 2014 were reviewed and showed that patient complained of intermittent neck, back and right leg pain. Most of the pain is felt at the back. Physical examination of the lumbar spine revealed range of motion was limited. MRI of the lumbar spine dated 01/14/2014 showed moderately severe loss of disc height with disc desiccation, bony spurring and degenerative endplate signal changes demonstrated at L3-L4. Early disc desiccation with mild loss of disc height is present at L4-L5 with bony spurring. Schmorl's node formation is present at L1-L2, L3-L4 and L4-L5. Treatment to date has included oral medications, physical therapy and surgery (laminectomy performed on 11/14/2013). Utilization review dated 06/16/2014 denied the request for 18 physical therapy sessions to the lumbar spine because guidelines recommend physical therapy for lumbar laminectomy are 16 sessions over 8 weeks. The patient has already been certified for 18 sessions of physical therapy four separate times on 09/20/2013, 02/26/2014, 03/19/2014 and 05/15/2014. There was no indication these were completed. The request for 1 epidural at L3-L4 and L4-L5 was also denied. The patient was certified for 1 lumbar epidural injection on 03/19/2014. From the medical records submitted, there was no indication that there was reduced usage of medications or at least 50% pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical Therapy to the lumbar spine (align) between 06/11/2014 and 9/9/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back, Lumbar, Thoracic (Acute and Chronic), Physical Therapy

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

Decision rationale: As stated on pages 98 to 99 of CA MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, patient has had previous physical therapy in 2014. However, medical records submitted for review did not show the number of physical therapy sessions completed. Furthermore, there is no objective evidence of functional improvement from previous physical therapy. Therefore, the request for 18 Physical Therapy to the lumbar spine (align) between 06/11/2014 and 9/9/2014 are not medically necessary.

1 epidural L3-4, L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back, Lumbar, Thoracic (Acute and Chronic)

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

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. In this case, patient complained of intermittent neck, back and right leg pain. Neurological examination showed normal results. An MRI of the lumbar spine dated 01/14/2014 showed moderately severe loss of disc height with disc desiccation, bony spurring and degenerative endplate signal changes demonstrated at L3-L4. Early disc desiccation with mild loss of disc height is present at L4-L5 with bony spurring. Schmorl's node formation is present at L1-L2, L3-L4 and L4-L5. The patient has had previous epidural steroid injection dated 03/19/2014, but documentation did not show at least 50% pain relief nor reduced usage of pain medication for 6-8 weeks. The criteria for ESI have not been met. Therefore, the request for 1 epidural L3-4, L4-5 is not medically necessary.