

Case Number:	CM14-0107364		
Date Assigned:	08/01/2014	Date of Injury:	10/05/2006
Decision Date:	08/29/2014	UR Denial Date:	07/08/2014
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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 53-year-old female who injured the low back in a work related accident on 10/05/08. The records provided for review include the report of an MRI dated 04/11/14 that showed evidence of stenotic findings at the L4-5 level but no specific compressive pathology. A follow up clinical report of 05/15/14 revealed continued complaints of pain and balance disturbance to the lower extremities. The claimant described weakness subjectively. Physical examination showed no gross sensory deficit with documented generalized weakness on examination in a global, nondermatomal fashion. The physician reviewed the MRI report and recommended lumbar epidural steroid injection at the bilateral L4 through S1 levels as well as 12 additional sessions of formal physical therapy. Records document that the claimant has had extensive courses of physical and occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Qty: 12: 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 Physical Medicine Page(s): 98-99.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the request for additional physical therapy for 12 sessions cannot be recommended as medically necessary. The documentation indicates that the claimant has undergone a significant course of physical therapy since date of injury of 2006. While the claimant is noted to have continued complaints of weakness, there is no documentation of an acute flare of symptoms that would support the need for further formal therapy. The Chronic Pain Guidelines recommend physical therapy for an acute symptomatic flare to control pain and inflammation. Based on the claimant's prior physical therapy, it is unclear as to why continuation of a home exercise program would not be more appropriate.

Lumbar Epidural Steroid Injections Bilateral L4, L5, S1 Qty: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46.

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

Decision rationale: California MTUS Chronic Pain Guidelines would not support bilateral L4 through S1 injections. The documentation does not include any clinical correlation between the claimant's physical examination findings and imaging to support the need for two level L4-5 and L5-S1 epidural injections. The Chronic Pain Guidelines recommend that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Without clinical correlation of radicular findings on examination and imaging, this request would not be supported.