

Case Number:	CM14-0108869		
Date Assigned:	08/01/2014	Date of Injury:	09/16/2012
Decision Date:	08/29/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/14/2014

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 Nevada. 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 59 year-old male who was reportedly injured on 09/16/2012. The mechanism of injury was listed in these records reviewed. The most recent progress note dated 07/24/2014, indicated that there were ongoing complaints of low back pain that radiated into the bilateral lower extremity. The physical examination demonstrated lumbar spine limited range of motion. Seated straight leg raise on the right was 90 and the left was 80-90 with tension. There is mild diminished left heel/toe walking and heel-toe raising. Gait as slightly broad-based, deep tendon reflexes of the knee was 2, and ankle was 1-2+. Sensory examination showed left heel, calf, thigh in the L3-L4 distribution and some into L5. Motor examination was 90% of normal. No recent diagnostic studies are available for review. Previous treatment included medications and conservative treatment. A request was made for epidural steroid injection of the lumbar spine at levels L3-L4 and physical therapy 2 times a week for 3 weeks for the lumbar spine and was not certified in the pre-authorization process on 07/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L3-L4, lumbar spine: Upheld

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

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

Decision rationale: The MTUS guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the MTUS guidelines. Specifically, there is no documentation of radiculopathy, as well as diagnostic studies that corroborates the requested procedure. As such, the requested procedure is deemed not medically necessary.

Physical therapy two (2) times a week for three (3) weeks for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of 10 visits. The claimant has multiple chronic complaints and review of the available medical records failed to demonstrate an improvement in pain or function. In the absence of clinical documentation to support myalgia or radiculitis, the request for additional visits is considered not medically necessary.