MAXIMUS Federal Services

Case Number:	CM14-0018637		
Date Assigned:	04/18/2014	Date of Injury:	04/16/2012
Decision Date:	07/02/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/13/2014

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 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 patient is a 30 year old female who was injured on 04/16/2012. The mechanism of injury is unknown. Prior treatment history has included Flexeril and Naproxen sodium 550 mg take 1 tab bid. The patient underwent a trigger point injection on 09/20/2013.Encounter note dated 12/17/2013 reports the patient presents with bilateral low back pain, which is worsening with treatment. The patient states that her pain has increased over the last month. She is having radiation of pain in the right S1 distribution bilateral lower extremity. She describes the pain as burning and dull. She rates it is 7/10. It is constant but variable in intensity. She has stiffness of the low back and spasms of the low back. There is loss of motor control of lower extremities. The aggravating factors are bending and walking; the alleviating factors are medication, stretching, and rest. She states that past epidural injections significantly decreased her right leg pain by at least 50% for about a month. She was more functional and able to do more exercises after the epidural injections. There is tenderness noted over the paraspinal muscles overlying the facet joints and SI joints (withdrawal reflex noted upon palpation to the right paraspinal muscles). There is no muscle spasm present, and special tests include straight leg raise seated is positive on the right side at 60 degrees. The assessment is displacement of lumbar intervertebral disc without myelopathy, fibromyositis and chronic pain syndrome. There is a request for a right L4-5 ESI to address flare up of radicular symptoms down the right leg. The patient reports significant positive therapeutic benefit from previous lumbar epidural injections. The patient would benefit from a lumbar ESI at this time to alleviate her radicular pain and improve her function. There is also a request for six sessions of physical therapy to follow lumbar ESI as the patient will be able to participate in more aggressive rehab when her pain symptoms are reduced.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L4-5 LUMBAR EPIDURAL STEROID INJECTION (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs).

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

Decision rationale: According to the CA MTUS Guidelines, physical medicine is recommended as a modality of treatment that provides short term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The medical records document the patient was diagnosed with displacement of lumbar intervertebral disc without myelopathy, fibromyositis and chronic pain syndrome. In the absence of documented significant improvement of pain and function for at least 6 weeks and as there is lack of documentation of ESIs received, further, there is no documentation of radiculopathy in the physical examination of the report dated 12/17/2013. Therefore, the request is not medically necessary according to the guidelines.

SIX PHYSICAL THERAPY SESSIONS TO FOLLOW LUMBAR ESI: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical therapy (PT).

Decision rationale: According to the CA MTUS Guidelines, physical medicine is recommended as a modality of treatment that provides short term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Post-injection treatment: 1-2 visits over 1 week. The medical records document the patient was diagnosed with displacement of lumbar intervertebral disc without myelopathy, fibromyositis and chronic pain syndrome. As the request is exceeding the number of sessions that is recommended for post injection treatment and as the request for ESI is non- certified, the request is not medically necessary according to the guidelines.