MAXIMUS Federal Services

Case Number:	CM14-0118282		
Date Assigned:	08/06/2014	Date of Injury:	04/29/2013
Decision Date:	09/10/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/28/2014

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 48-year-old male with a reported injury on 04/29/2013. The mechanism of injury was a lifting injury. His diagnoses included lumbar stenosis, lumbar spondylosis, lumbar herniated nucleus pulposus, lumbar radiculitis and thoracic radiculitis. The injured worker has had previous treatments of medications, physical therapy, lumbar epidural steroidal injections, x-rays and an MRI. The injured worker had an examination on 07/14/2014 for an orthopedic evaluation follow up on his lower back. The injured worker complained that his pain was aggravated by prolonged sitting or walking and standing. Upon examination, it was noted that the injured worker walked with a cane. He did not complain of tenderness over his spine. The injured worker's lumbar spine range of motion was assessed and demonstrated flexion was 20 degrees, extension was 10 degrees, lateral bending was 15 degrees and the trunk rotation was 10 degrees. The injured worker did have a positive straight leg test while lying supine and a positive seated straight leg raise. An MRI of the lumbar spine was performed on 12/30/2013 which revealed a broad-based disc protrusion at L2-L3 which was greater centrally and to the left with an annular tear, acquired central and moderate lateral recess narrowing with possible impingement of the traversing left L3 root, L3-L4 moderate right lateral recess stenosis with central to right lateral disc protrusion, not as great as L2-L3, effacement of the thecal sac centrally and to the right to the exit point of the right L4 rootlets was seen, L4-L5 stable bilateral facet joint disease, broad-based disc bulge across the endplate margin and a central disc protrusion contributing to lateral recess stenosis had not progressed, which resulted in moderate lateral recess stenosis possibly contacting the traversing L5 roots. The injured worker had stable moderate facet joint disease. The medication list was not provided. The recommended plan of treatment was for a consultation and treatment with a spine surgeon. Continued physical therapy

or the selective nerve root epidural was not mentioned in this examination. The Request for Authorization was signed and dated for 07/15/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x6 for 12 sessions L-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 Physical medicine Page(s): 98-99.

Decision rationale: The request for physical therapy 2x6 for 12 sessions of the L spine is not medically necessary. The California MTUS Guidelines recommend therapy based on the philosophy that therapeutic exercise and/or activity is beneficial for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. The California MTUS Guidelines also recommend that patients are instructed and expected to continue active therapies at home as an extension of their treatment process in order to maintain improvement levels. The examination did show flexibility deficits in the lumbar spine although it did not document findings of strength, endurance or function. The documentation did reveal a deficit in range of motion as far as flexion, extension, lateral bending and trunk rotation. There was not a VAS pain scale provided. There was no report of efficacy of previous treatments. There was no mention of instruction to the injured worker for a home exercise program. The guidelines recommend up to 10 visits of physical therapy. It was mentioned that the injured worker previously had physical therapy, but the number of sessions that were provided is not indicated. Also, there was not any evidence or documentation that there was any benefit or improvement of function from the previous physical therapy. The guidelines recommend up to 10 visits; therefore, 12 sessions would exceed the recommended amount. The clinical information fails to meet the evidence based guidelines. Therefore, the request for the physical therapy 2 times 6 for 12 sessions for the L spine is not medically necessary.

Selective nerve root epidural L3, L4 and L5 with fluoroscopy and sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for selective nerve root epidural L3, L4, L5, with fluoroscopy and sedation is not medically necessary. The California MTUS guidelines recommend epidural steriodal injections if radiculopathy is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. They are also recommended if initially unresponsive to conservative treatment such as exercise, physical methods, NSAIDS, and muscle

relaxants. A repeat block shoud be based on continued abjective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for sixto eight weeks. The injured worker complained of radicular type pain, althoughthe MRI does not corroborate radiculopathy. The injured worker does complain of low back pain. The injured worker presented with a positive straight leg raise on the right and abnormal sensation; however, the physician did not detail the location of the injured worker's abnormal sensation. The injured worker has had previous epidural steriodal injections; however, there is a lack of documentation indicating the injured worker had 50% pain relief, significant objective functional improvement, and reduction of medication for 6 to 8 weeks. The efficacy was reported for only 6 days. Clinical information fails to meet the evidence based guidelines for the request for the nerve root epidural. Therefore, the request is not medically necessary.