MAXIMUS Federal Services

Case Number:	CM14-0120844		
Date Assigned:	08/06/2014	Date of Injury:	11/08/2012
Decision Date:	10/03/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/31/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 24-year-old female who reported an injury on 11/08/2012. The mechanism of injury due to heavy lifting. On 05/10/2014 the injured worker presented with low back pain radiating down the bilateral legs. Prior therapy included physical therapy, oral analgesics and chiropractic care and medications. The injured worker had a prior epidural steroid injection on 02/28/2014 that provided minimal pain in the right leg. She reported left leg weakness and doesn't feel she has good control of it. Upon examination of the lumbar spine there was left leg numbness going into the foot and complaints of pain and numbness in the left foot. There's right leg numbness along with pain in the right knee. The injured worker reported no sensation of hypersensitivity or dysesthesia in the legs or feet. There was a positive bilateral straight leg raise and 2+ reflexes that were symmetrical. There was full range of motion in all joints of the lower extremity. The provider recommended a PT work hardening and a transforaminal steroid injection, the provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT Work Hardening (unspecified body part/duration/frequency): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning/ Work Hardening.

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

Decision rationale: The request for P.T Work Hardening (Unspecified body part/duration/frequency) is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is lack of documentation of the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The amount of physical therapy visits the injured worker underwent has not been provided. There are no significant barriers to transitioning the injured worker to an independent home exercise program. Additionally, the provider's request does not indicate the amount of therapy visits, or a body part physical therapy was intended for, or the frequency of the visits in the request as submitted. As such, the request is not medically necessary.

Transforaminal Steroid Injection (unknown location): Upheld

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

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

Decision rationale: The request for Transforaminal Steroid Injection (unknown location) is not medically necessary. According to California MTUS epidural steroid injection may be recommended to facilitate progress and warrant to treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show the injured worker was initially and responsive to conservative treatment. Injections should be performed with the use of fluoroscopy for guidance and no more than two levels should be injected using transforaminal blocks. Documentation submitted for review noted the injured worker underwent a previous epidural steroid injection on 02/28/2014. She originally noted pain in the bilateral legs, worse on the left side. Since the injection, her right leg pain was minimal, and noted pain in the left leg. The criteria for a repeat epidural steroid injection include objective documented pain and functional improvement by at least 50% pain relief with associated reduction in medication for 6 to 8 weeks. There is lack of documentation that the injured worker had at least a 50% pain relief associated with reduction of medication for at least 6 to 8 weeks. Additionally, there is lack of documentation on previous conservative treatment the injured worker underwent and the efficacy of the prior treatments. The provider's request did not indicate the site at which the epidural steroid injection was indicated for in the request as submitted. There was lack of documentation that showed that the injured worker would be participating in an active treatment program following the requested injection. Based on all the above, the request is not medically necessary.