

Case Number:	CM14-0120887		
Date Assigned:	08/06/2014	Date of Injury:	05/06/2014
Decision Date:	10/01/2014	UR Denial Date:	07/17/2014
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 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:

This is a 60 year old male with a 5/16/14 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/7/14 noted subjective complaints of left hip pain, low back pain, and numbness and tingling in the left foot. Objective findings included normal ROM lumbar spine, normal motor strength in lower extremities bilaterally, diminished sensation in the left L5 distribution, and tenderness to palpation of the left hip and left SI joint. MRI lumbar spine showed L4-5 prominent left greater than right neural foraminal stenosis, multilevel mild central canal stenosis and neural foraminal stenosis. Diagnostic Impression: lumbar spinal stenosis. Treatment to Date: physical therapy, medication management, acupuncture. A UR decision dated 7/17/14 denied the request for lumbar ESI at L4-5. it also denied left SI joint injection. It also denied physical therapy 2-3 x 8, lumbar spine and left hip. There is no documented rationale for the above denials.

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 L4-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s):

46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. The provided documentation does note loss of sensation in a left L5 dermatomal pattern. Lumbar MRI does demonstrate particularly prominent L4-L5 left neural foraminal narrowing as well as central canal stenosis. However, there is no mention of failure of aggressive conservative treatment such as physical therapy directed at the lumbar spine. Therefore, the request for lumbar epidural steroid injection at L4-5 was not medically necessary.

LEFT SI JOINT INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hip and pelvis chapter; sacroiliac joint injections

Decision rationale: CA MTUS states that sacroiliac joint injections are of questionable merit. In addition, ODG criteria for SI joint injections include clinical sacroiliac joint dysfunction, failure of at least 4-6 weeks of aggressive conservative therapy, and the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings). However, there is not sufficient physical exam documentation of at least 3 positive findings to support the diagnosis of SI joint dysfunction. In the provided documents available for review, the provider notes that the patient possibly has SI joint failure. Even in a more definitive diagnosis, and SI joint injection would only be of questionable merit. Therefore, the request for left SI joint injection was not medically necessary.

INITIAL PHYSICAL THERAPY 203 X 8; LUMBAR SPINE AND LEFT HIP: 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 THERAPY Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 page 114 Official Disability Guidelines (ODG) low back chapter - physical therapy

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. However, the

patient carries a diagnosis of lumbar stenosis, which for ODG recommends up to 10 visits over 8 weeks. This request is for 16-24 sessions over 8 weeks, which is far more than guidelines would substantiate. Therefore, the request for initial physical therapy 2-3 x 8, lumbar spine and left hip was not medically necessary.