

Case Number:	CM14-0126683		
Date Assigned:	08/13/2014	Date of Injury:	12/19/2013
Decision Date:	09/18/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 61-year-old female who reported an injury on 12/19/2013. On 04/23/2014 the injured worker presented with neck and back pain. The diagnoses were spinal stenosis in the cervical region, neural foraminal stenosis in the cervical spine and back pain. Upon examination there was normal range of motion, normal sensory, 5/5 motor strength and 2+/2+ reflexes in the bilateral lower extremities. Previous lumbar x-ray noted narrowing at the L5-S1 lumbar. The provider recommended a bilateral L4 transforaminal epidural steroid injection with moderate sedation and physical therapy, the provider's rationale was not provided. The Request for Authorization form was dated 05/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 TFE and moderate sedation: 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 Epidural Steroid Injection Page(s): 46.

Decision rationale: The request for a bilateral L4 TFE and moderate sedation is non-certified. According to California MTUS Guidelines an epidural steroid injection may be recommended to

facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy for guidance and no more than 2 root levels should be injected using transforaminal blocks. The documentation submitted for review revealed 5/5 strength, normal sensations, 2+/2 reflexes and disc space narrowing at L5-S1 revealed on a lumbar x-ray. There was lack of deficits related to radiculopathy and clear corroboration of radiculopathy on diagnostic testing findings. In addition, the documentation failed to show that the injured worker would be participating in an active treatment program following the requested injection. There was lack of documentation of failure to respond to conservative treatment and the request fails to specify the use of fluoroscopy for guidance in the request as submitted. The guidelines do not indicate the use of moderate sedation with an epidural steroid injection. Based on the above, the request is not medically necessary.

PT evaluation, additional Physical Therapy visits X 12: 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.

Decision rationale: The request for PT evaluation/additional physical therapy visits x12 is non-certified. The California MTUS state active therapy is based on the philosophy that therapeutic exercises and/or activity are beneficial for restoring flexibility, strength, endurance, flexion, range of motion and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured worker's are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The lack of documentation indicated the injured worker's prior course of physical therapy as well as efficacy of the prior therapy. The guidelines recommend 10 visits of physical therapy, the amount of physical therapy visits that have already been completed were not provided. Injured worker's are instructed and expected to continue active therapies at home and there is no significant periods to transitioning the injured worker to an independent home exercise program. The provider's request does not indicate the site that the physical therapy visits indicated for or the frequency of the visits in the request as submitted. As such, the request is not medically necessary.