

Case Number:	CM14-0132995		
Date Assigned:	08/22/2014	Date of Injury:	07/01/2013
Decision Date:	09/22/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/20/2014

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 28 year-old patient sustained an injury on 7/1/13 from going backwards upstairs lifting furniture while employed by [REDACTED]. Request(s) under consideration includes Epidural Steroid Injection and Physical Therapy 2 x 4. Diagnoses included lumbar strain. Conservative care has included physical therapy, medications, spine consult, and modified activities/rest. Report of 10/22/13 noted patient was receiving physical therapy; however, has declined to continue due to worsening symptoms with therapy with muscle spasm and lumbar radicular symptoms rated at 9-10/10; however, with exam findings of normal motor and sensation. MRI of lumbar spine dated 11/22/13 showed multilevel annular bulge/ disc protrusion with canal and foraminal stenosis. Report of 5/27/14 from the provider noted exam findings of midline tenderness of lumbar spine; normal gait; limited range; 5/5 motor strength with intact L2-S1 sensory distribution and normal equal DTRs. Treatment included surgery; if deferred then LESI. Report of 6/26/14 from the provider noted the patient was recommended surgery, re-start PT, for stable pain of 6-8/10 with intermittent paresthesias. Exam showed TTP at right SI joint and lumbar spine; lumbar flexion of 60 degrees with diffuses decreased distal extremity sensation. The request(s) for Epidural Steroid Injection and Physical Therapy 2 x 4 were denied on 8/7/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection: 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 Page(s): 46.

Decision rationale: This 28 year-old patient sustained an injury on 7/1/13 from going backwards upstairs lifting furniture while employed by [REDACTED]. Request(s) under consideration includes Epidural Steroid Injection and Physical Therapy 2 x 4. Diagnoses included lumbar strain. Conservative care has included physical therapy, medications, spine consult, and modified activities/rest. Report of 10/22/13 noted patient was receiving physical therapy; however, has declined to continue due to worsening symptoms with therapy with muscle spasm and lumbar radicular symptoms rated at 9-10/10; however, with exam findings of normal motor and sensation. MRI of lumbar spine dated 11/22/13 showed multilevel annular bulge/ disc protrusion with canal and foraminal stenosis. Report of 5/27/14 from the provider noted exam findings of midline tenderness of lumbar spine; normal gait; limited range; 5/5 motor strength with intact L2-S1 sensory distribution and normal equal DTRs. Treatment included surgery; if deferred then LESI. Report of 6/26/14 from the provider noted the patient was recommended surgery, re-start PT, for stable pain of 6-8/10 with intermittent paresthesias. Exam showed TTP at right SI joint and lumbar spine; lumbar flexion of 60 degrees with diffuses decreased distal extremity sensation. The request(s) for Epidural Steroid Injection and Physical Therapy 2 x 4 were non-certified on 8/7/14. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not demonstrated here without normal motor, sensory, and DTR findings. Submitted reports have not demonstrated any correlating neurological deficits to support the epidural injections. Clinical findings indicate pain on range of motions with spasms; however, without any motor or sensory deficits or radicular signs. There is also no documented failed conservative trial of medications, activity modification, or other treatment modalities to support for the epidural injection. The Epidural Steroid Injection is not medically necessary and appropriate.

Physical Therapy 2 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: This 28 year-old patient sustained an injury on 7/1/13 from going backwards upstairs lifting furniture while employed by [REDACTED]. Request(s) under consideration includes Epidural Steroid Injection and Physical Therapy 2 x 4. Diagnoses included lumbar strain. Conservative care has included physical therapy,

medications, spine consult, and modified activities/rest. Report of 10/22/13 noted patient was receiving physical therapy; however, has declined to continue due to worsening symptoms with therapy with muscle spasm and lumbar radicular symptoms rated at 9-10/10; however, with exam findings of normal motor and sensation. MRI of lumbar spine dated 11/22/13 showed multilevel annular bulge/ disc protrusion with canal and foraminal stenosis. Report of 5/27/14 from the provider noted exam findings of midline tenderness of lumbar spine; normal gait; limited range; 5/5 motor strength with intact L2-S1 sensory distribution and normal equal DTRs. Treatment included surgery; if deferred then LESI. Report of 6/26/14 from the provider noted the patient was recommended surgery, re-start PT, for stable pain of 6-8/10 with intermittent paresthesias. Exam showed TTP at right SI joint and lumbar spine; lumbar flexion of 60 degrees with diffuses decreased distal extremity sensation. The request(s) for Epidural Steroid Injection and Physical Therapy 2 x 4 were denied on 8/7/14. The patient had deferred previous PT, which has been noted to be 24 sessions. Exam showed tenderness, but with intact neurological exam in motor strength, sensation, and reflexes. Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The patient has received prior sessions of PT without clear specific functional improvement in ADLs, work status, or decrease in medication and utilization without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support further treatment. The Physical Therapy 2 x 4 is not medically necessary.