

Case Number:	CM14-0151084		
Date Assigned:	09/19/2014	Date of Injury:	06/19/2013
Decision Date:	10/23/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/16/2014

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 Neurologist and is licensed to practice in Texas, Massachusetts and Oklahoma. 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 38-year-old male who reported an injury on 06/19/2013. The mechanism of injury occurred when he was chasing a fugitive. Diagnoses included chronic low back pain, and left lumbar radiculitis due to disc degeneration at L4-5 and L5-S1 levels with foraminal narrowing at each level. Past treatments included physical therapy, epidural steroid injection at L5-S1, and medications. An official electrodiagnostic study was completed on 07/15/2014, which revealed no evidence of neuropathy, myopathy, or radiculopathy in the bilateral lower extremities. An official MRI of the lumbar spine was completed on 10/15/2013, and revealed moderate neural foraminal narrowing on the left L5-S1. Surgical history was not provided. The clinical note dated 09/17/2014 indicated the injured worker complained of constant low back pain, as well as intermittent sharp pain in the left buttock extending into the posterior thigh. The physical exam revealed positive straight leg raise, intact sensation, and tenderness to palpation of the lumbar spine. Range of motion of the lumbar spine was noted as 10 degrees of forward flexion, 0 degrees of extension, and 5 degrees of lateral flexion. Manual muscle examination revealed 5/5 strength proximally and distally. Current medications were not provided. The treatment plan included physical therapy to the lumbar spine 3 times a week for 4 weeks and a second epidural injection at L5-S1. The rationale for the treatment plan was to decrease pain and increase range of motion. The Request for Authorization form for physical therapy was completed on 09/02/2014. The Request for Authorization form for the epidural steroid injection was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the Lumbar Spine, 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The request for physical therapy for the lumbar spine 2 times a week for 4 weeks is not medically necessary. The California MTUS Guidelines indicate that physical therapy is recommended for patients with radiculitis, to include 8 to 10 visits over 4 weeks. The injured worker recently completed 7 visits of physical therapy to the lumbar spine, as well as additional prior physical therapy in 03/2014. He stated that physical therapy helped him with range of motion as well as alleviate pain. The physical exam on 09/17/2014 indicated manual muscle strength of the lumbar spine 5/5 proximally and distally, as well as range of motion of 10 degrees of forward flexion, 0 degrees of extension, and 5 degrees of lateral flexion. The injured worker's range of motion and motor strength values prior to the recent physical therapy were not provided to compare with updated values and clearly establish significant objective functional improvement. The number of physical therapy sessions recently completed was not specified. Based on the lack of documentation showing evidence of objective functional gains made with prior treatment, the appropriateness of additional visits cannot be established. Therefore, the request for physical therapy for the lumbar spine 2 times a week for 4 weeks is not medically necessary.

Second epidural injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 64.

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

Decision rationale: The request for a second epidural injection at L5-S1 is not medically necessary. The California MTUS Guidelines indicate that epidural steroid injections are recommended as an option for treatment of radicular pain, defined this pain in a dermatomal distribution with corroborated findings of radiculopathy. Criteria for the use of epidural steroid injections includes documented physical exam findings of radiculopathy corroborated by imaging studies and/or Electrodiagnostic testing, and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDS, and muscle relaxants). Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The injured worker complained of constant low back pain with intermittent pain radiating to the left lower extremity. Physical exam revealed positive straight leg raise, motor strength rated 5/5, and sensation intact and symmetric. An Electrodiagnostic study on 07/15/2014 revealed no evidence of neuropathy, myopathy, or radiculopathy in the bilateral lower extremities. The injured worker previously had

an epidural steroid injection at the L5-S1 level on 06/06/2014, which he stated did not give him any added pain relief. The physical exam findings of radiculopathy are not corroborated by the recent EMG. The injured worker recently completed physical therapy of the lumbar spine; however, other conservative treatments including NSAIDS and muscle relaxants were not reported. Therefore, the request for a second epidural injection at the L5-S1 level is not medically necessary.