

Case Number:	CM14-0151432		
Date Assigned:	09/19/2014	Date of Injury:	07/05/2005
Decision Date:	10/22/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/17/2014

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 Occupational Medicine 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 51 year old female with a 7/5/2005 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 8/7/14, noted subjective complaints of low back pain radiating to her lower extremities. Objective findings included 5/5 strength in the lower extremities throughout. Deep tendon reflex are symmetric. Straight leg raise is negative bilaterally. CT myelogram from 7/31/14 shows mild central canal stenosis, neural foraminal narrowing at L3-L4 and equivocal impingement of the exiting left L4 nerve root. Diagnostic Impression is lumbar disc displacement and lumbosacral neuritis. Treatment to Date includes medication management and lumbar laminectomy. A UR decision dated 9/10/14 denied the request for lumbar ESI L3-4. The clinical submitted does not demonstrate medical necessity for further formal physical therapy. It also denied physical therapy 2 x 6 lumbar. The clinical does not unequivocally describe a radiculopathy on both physical exam and imaging/EDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4 Epidural Steroid Injection (ESI): 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 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. However, while there is some imaging evidence of possible nerve root impingement, there are no physical exam findings to corroborate the diagnosis of lumbar radiculopathy. Specifically, there was noted to be normal motor strength and symmetric reflexes. Additionally, there is no mention of failure of conservative management. Therefore, the request for L3-L4 epidural steroid injection (ESI) is not medically necessary.

Physical therapy (PT) twice a week for six weeks (2x6) for the lumbar spine.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines allow for fading of treatment frequency. However, given a 2005 original date of injury, it is unclear how many physical therapy sessions the patient has had to date. There is no clear documentation of objective benefit derived from prior sessions of physical therapy. Therefore, the request for physical therapy (PT) twice a week for six weeks (2 x 6) for the lumbar spine is not medically necessary.