MAXIMUS Federal Services

Case Number:	CM14-0152867		
Date Assigned:	09/23/2014	Date of Injury:	11/28/2006
Decision Date:	10/28/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/18/2014

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 Maryland. 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 patient is a 66 year old female with a work injury dated 11/28/05. The diagnoses include adjacent segment disease L2-L3 with history of L3-S1 decompressive laminectomy and fusion. Under consideration is a request for one lumbar epidural injection on the left at L2-L3 under fluoroscopy and 8 aquatic therapy sessions.There is a primary treating physician report dated 8/28/14 stating the patient's pain is intensifying. She states that since her physical therapy was stopped, she has had some gradual deterioration. She has pain in the back, radiating pain in both legs, left worse than right, and some 1eft leg occasionally buckling. Examination disc1osed an alert female utilizes a cane to assist her in ambulation. Active voluntary range of motion of the thoracolumbar spine was limited. The patient was able to forward flex to approximately 45 degrees and extend to 10 degrees before experiencing low back pain. Lateral bending was limited to 15 degrees in either direction.Straiqht-1eg-raising teat was positive, left greater than right. Motor examination was felt to be normal in all major muscle groups or the lower extremities. Sensory examination was normal to light touch. Quadriceps reflexes were 1-2+ and symmetrical. Achilles reflexes were 0-1+ and symmetrical. No pathologic reflexes were evident. Hip range of motion was full bilaterally. No groin or thigh pain was experienced upon range of motion of the hips. Roentgenograms disclosed her old multilevel fusion to be stable with some slight breakdown above. The patient has stenosis on the left aide at L2-L3, which appears to be the culprit for her back and leg pain predominantly left-sided. She has always responded very well with greater than 50% reduction in pain with epidural injection of left L2-L3. The patient should clearly proceed with another injection at that segment. In the meantime, a short course of aquatic therapy for a period of four weeks would be reasonable improves her core muscle strength.She is status post left lumbar epidural steroid injection at L2-L3 on 5/30/14.A 7/19/13 lumbar MRI reveals postoperative changes. Multilevel lumbar spondylosis w/mild central spinal

stenosis L2-L3. No evidence of nerve impingementA January 24, 2014 progress note reveals that the patient continues to have back pain with paresthesias into the lower extremities. A review of her MRI from 7/19/13 revealed that there was not a lot ofroot compression described by the radiologist. Upon personal review the documenting physician felt that the anterolisthesis at L2-L3 is more of a slight-to-moderate range than mild as described by the radiologist. Furthermore, it should be understood this is right above the fusion; therefore, there are a lot more stress applied to that segment. The physician told the patient that patient it is not significant enough to warrant an operative procedure, but this is no doubt the source for her progressive radiculopathy and she should be allowed to pursue an epidural injection on the left at L2-L3, which is the site for her progressive lower extremity radicular symptoms. On exam femoral stretch test and straight-leg-raising test are greater than right. Motor testing was grossly intact, diminished and symmetrical..

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar epidural injection on the left at L2-L3 under fluoroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections, (ESIs), criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs Page(s): 45.

Decision rationale: One lumbar epidural injection on the left at L2-L3 under fluoroscopy is medically necessary. The documentation indicates that the prior left L2-L3 epidural provided relief for over 6-8 weeks. The documentation indicates a positive femoral stretch test as well as MRI findings of anterolisthesis at the L2-3 level.This is the level above the patient's fusion. It would be reasonable to attempt a second lumbar epidural injection on the left at this level. The request for one lumbar epidural injection on the left at L2-3 is medically necessary.

8 Aquatic therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.22; physical medicine p.98-99 Page(s): 22, .98-99.

Decision rationale: 8 Aquatic therapy sessions are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend independence towards a self directed home exercise program. The documentation indicates that the patient has had extensive prior aquatic therapy but the results are not sustained and there is no evidence of significant functional improvement. The patient should have progressed and be versed in an

independent home exercise program by now. It is unclear why she is unable to perform land based therapy. The request for 8 aquatic therapy sessions is not medically necessary.