

Case Number:	CM14-0158212		
Date Assigned:	10/01/2014	Date of Injury:	11/20/2013
Decision Date:	10/28/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 59-year-old with a reported date of injury of 11/20/2013. The injured worker has the diagnoses of lumbar spine sprain/strain, elbow sprain/strain, headache and lumbar disc herniation. Peer the most recent progress notes provided for review by the primary treating physician dated 09/18/2014; the injured worker had complaints of low back pain and right elbow pain. The physical exam noted right elbow mild tenderness. The treatment plan and the rest of the physical exam are illegible. The progress note dated 08/14/2014 states the injured worker had low back pain and right elbow pain. The physical exam noted lumbosacral paraspinal tenderness. The treatment plan recommendations included lumbar epidural steroid injections, physical therapy and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states the purpose of ESI is to "reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit."1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).3) Injections should be performed using fluoroscopy (live x-ray) for guidance.4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.5) No more than two nerve root levels should be injected using transforaminal blocks.6) No more than one interlaminar level should be injected at one session. The injured worker has the documentation of low back pain and lumbar disc herniation however there is no documentation of radiculopathy on the physical exam. The injured worker has had physical therapy and medication but no other conservative therapy failures are noted. For these reasons criteria as set forth above per the California MTUS have not been met. The request is not medically necessary.

Physical Therapy, Lumbar 2x6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, lumbar

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

Decision rationale: The California chronic pain medical treatment guidelines section on physical medicine states: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the injured worker) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. There is no explanation why the injured worker would need continuing physical therapy and not be transitioned to active self-directed physical medicine. In the absence of such documentation, the request for Physical therapy, lumbar 2x6 is not medically necessary.