

Case Number:	CM14-0159190		
Date Assigned:	10/02/2014	Date of Injury:	12/15/2010
Decision Date:	11/19/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/29/2014

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 Geriatrics and is licensed to practice in New York. 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 man with a date of injury of 12/15/10. He was seen by his physician on 8/13/14 with complaints of moderate to severe lower back pain which was unchanged. A lumbar spine MRI of 8/8/14 showed unchanged degenerative disc disease at L5-S1 except for small annular fissure. He had mild bilateral neural foraminal stenosis. His exam showed normal gait with tenderness in paralumbar and parathoracic muscles. His motor testing was 5/5 in the lower extremities with normal range of motion though painful. He had positive straight leg raises; left worse than right. His diagnoses were chronic low back pain, lumbar disc herniation, thoracic strain, degenerative disc disease thoracic spine and depression secondary to pain and disability. He is status post numerous treatment modalities in the past including an epidural lumbar injection in 2012 and 2013 and lumbar facet / medial branch block of L3-5 in 2013, physical therapy At issue in this review is the request for a lumbar epidural injection, physical therapy x 18 and a vascultherm x 21 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 35.

Decision rationale: Epidural spine injections are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 injections. Though the physical exam does suggest radicular pathology, the worker already has had two epidural injection has already been provided in the past as well as facet blocks. A third epidural injection (in question here) is not medically substantiated. The request is not medically necessary.

Physical therapy x 18: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home exercise program should be in place. The records do not support the medical necessity for 18 physical therapy visits in this individual with chronic pain. The request is not medically necessary.

Vascutherm x 21 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224. Decision based on Non-MTUS Citation Uptodate: Prevention of venous thromboembolic disease in medical patients

Decision rationale: This injured worker has chronic back pain. During the acute to subacute phases of surgery for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. In this case, there is no documentation of upcoming surgery other than the request for an epidural spinal injection. There is also no documentation of inflammation or spasm on exam. The medical necessity for a Vascutherm is not substantiated by the records. The request is not medically necessary.