MAXIMUS Federal Services

Case Number:	CM14-0165184		
Date Assigned:	10/10/2014	Date of Injury:	04/23/2014
Decision Date:	11/10/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/07/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

Note 02/13/14 indicates the insured has a history of pain in the hands. The insured is reported to be obtaining acupuncture. Physical exam indicated strength 4/5 in the right elbow and forearm with positive subluxation, elbow flexion test and Tinel's sign. There was pain on palpation. There was moderate scaphoid and lunate pain to palpation with an assessment of right lateral epicondylitis, right cubital tunnel syndrome, right de Quervain's synovitis, right median neuropathy, carpal tunnel. Work status report 04/28/14 recommended temporary total disability with recommendation for no prolonged standing, no prolonged walking, no stooping, no bending, no twisting at the waist. Note 05/05/14 indicated low back discomfort, bilateral thigh discomfort with an assessment of lumbar strain, bilateral thigh strain/sprain improving.Note June 18, 2014, indicates pain management evaluation. Pain is reported to be so severe it is interfering with ADLs. Physical exam describes positive slump test, strength was 5/5, and reflexes were intact with positive Gaenslen's on the right side. The assessment was L5 radiculopathy, bilateral SI joint pain, axial low back pain. MRI lumbar spine indicated a mild annular disc bulge and 4-cm posterior central extrusion with mild annular disc bulge and 3-mm posterior central protrusion with mild central canal stenosis noted 07/17/14. EMG study 07/30/14 indicated an impression of left S1 radiculopathy with no evidence of lumbar plexopathy. 08/20/14 indicates ongoing complaints of pain. There was positive Gaenslen's on the right side with strength being 5/5. There was pain with palpation of the SI joint with an assessment of S1 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral S1 Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, epidural Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria> Not recommended. Original recommendations that suggested a "series of three injections" generally did so prior to the advent of fluoroscopic guidance. These previous recommendations were based primarily on case studies and anecdotal evidence (Class IV and V data). (Abram, 1999) (Warr, 1972) (Hickey, 1987) There do

Decision rationale: The medical records report pain in radicular pattern with physical exam findings of radiculopathy - positive Gaenslen's sign, with corroboration by EMG of left S1 radiculopathy. ODG guidelines support ESI for patients with physical findings of radiculopathy corroborated by EMG and/or imaging. As the medical records indicate EMG shows left S1 radiculopathy, the medical records do not support a bilateral procedure as there are no findings on the right side corroborated.

3 Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical modalities Page(s): 174.

Decision rationale: MTUS guidelines support 1-2 visits for exercise instruction for home based program. The medical records indicate pain but do not indicate specific goals of 3 therapy sessions in regard to functional benefit to be gained or rationale for more than 2 visits. As such the medical records do not support 3 PT visits.