

Case Number:	CM14-0169161		
Date Assigned:	10/17/2014	Date of Injury:	03/25/2014
Decision Date:	11/19/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/14/2014

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 Orthopedic surgeon and is licensed to practice in Arizona. 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 44-year-old female with a date of injury of 3/21/2014. The patient as a result of her injury developed back pain which progressed to the point where it radiates down from her right buttocks into her thigh and all the way to her right foot. The patient had a pain management evaluation on 8/11/2014. The examiner felt she had decreased sensation in the right L4 dermatome and absent patella tendon reflexes, plus a positive straight leg raise of 40 with decreased motion of the lumbar spine. The patient had an MRI scan of her lumbar spine which revealed multilevel degenerative disc disease with foraminal stenosis secondary to facet degeneration and broad-based annular bulging. There was some mild canal narrowing at L1-L2 and L3-L4 and L4-L5. Because her pain continues and because she has gotten no relief from acupuncture, chiropractic visits, physical therapy or medication, a request is made for an epidural injection. The patient subsequently had a follow-up examination by her orthopedic surgeon on 8/27/2014. He records a negative straight leg raise, no sensory deficit, no motor deficit, and normal deep tendon reflexes. There is also a request to continue physical therapy for 8 more sessions. The patient was approved for an initial 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection L4-L5: 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 (ESIs) Page(s): 46.

Decision rationale: This patient has 2 recent conflicting physical examinations. One examination finds sensory changes, deep tendon reflex changes, and a positive straight leg raise. An examination by another physician finds no sensory changes, no motor changes, normal deep tendon reflexes and a negative straight leg raise. The MRI scan shows mainly degenerative disc disease with the corresponding foraminal narrowing due to facet arthropathy and disc bulge but no evidence of nerve root compression. The chronic pain guidelines recommends epidural injections as an option for the treatment of radicular pain but that pain must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studies. There is no consistent evidence on physical examination that this patient has true radicular pain and there is no corroboration by imaging studies. The patient has not had electrodiagnostic studies. Therefore the medical necessity for an epidural injection has not been established.

Continued physical therapy x 8 visits: 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 Medicine Page(s): 98-99.

Decision rationale: The chronic pain guidelines recommend passive physical medicine for short-term relief in the early phases of back pain. Active therapy is beneficial for restoring flexion, strength, endurance, function, range of motion, and can alleviate discomfort. The patient is expected to continue active therapies at home as an extension of the treatment process. The continuation of physical therapy is based on the demonstration of functional improvement which means not only the decrease in pain but also increase in functional activity, decrease in work restrictions and a decrease in medical treatment. The patient has finished 12 sessions of physical therapy and a request was made for 8 more sessions. There is no documentation in the record revealing any significant functional improvement. She still has not returned to work and there is no documentation of increased physical activity. The pain management physician in his request for an epidural injection mentions she has failed physical therapy as part of her failure of conservative treatment. Therefore the medical necessity for continuing with 8 more sessions of physical therapy has not been established.