

Case Number:	CM14-0169724		
Date Assigned:	10/17/2014	Date of Injury:	07/08/2013
Decision Date:	12/24/2014	UR Denial Date:	10/09/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of work injury occurring on 07/08/13 when, while providing medication to an agitated patient, she was kicked and fell to the ground. Treatments included physical therapy without improvement. She was seen by the requesting provider on 11/13/13. She was having low back and left buttock pain. Pain was rated at 8/10 and ranging from 5/10 up to 9/10. Physical examination findings included left sacroiliac joint tenderness referenced as seeming "out of proportion". The note references performing a sacroiliac joint injection but further states "if workers compensation only approves [an] epidural, we will proceed with an epidural." Then there is reference to trying both injections. An epidural injection was attempted on that day, but was complicated by a dural puncture and the procedure was not completed. The next day, on 11/14/13, the epidural injection was performed. On 12/11/13 the note references continued improvement. She was continuing to take Tramadol. A second epidural injection was performed. She was seen on 09/16/14. Her history of injury and subsequent treatments were reviewed. Pain was rated at 3-4/10. Medications included Tramadol, Flexeril, and Ambien. Physical examination findings included lumbar spine tenderness with positive left Fabere testing. There was pain with lumbar spine side bending and with extension. She was noted to sit with an abnormal posture. She had lumbar paraspinal muscle spasm. Amitriptyline and meloxicam were prescribed. Work restrictions were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic low back pain with physical examination findings consistent with pain from the sacroiliac joint. In this case the claimant has had two epidural steroid injections and consideration of a repeat epidural steroid injection would be based on objective documented pain and functional improvement. The epidural steroid injections were performed less than one month apart and without adequate documentation of efficacy. Therefore a repeat lumbar epidural steroid injection was not medically necessary.

Physical Therapy 3x6 for the low back and neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Physical medicine treatment, Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic low back pain with physical examination findings consistent with pain from the sacroiliac joint. In this case the claimant has already had physical therapy without reported benefit. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.