

Case Number:	CM14-0172487		
Date Assigned:	10/23/2014	Date of Injury:	04/18/2014
Decision Date:	12/11/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/17/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 29-year-old female with a 4/18/14 date of injury. At the time (9/2/14) of request for authorization for Therapy: Pool therapy 2X3 and Injection: L5-S1 TF ESI, there is documentation of subjective (low back pain radiating to left leg with numbness) and objective (tenderness over the lumbar spine area, normal gait, and end of range pain on flexion and extension) findings, imaging findings (reported MRI of the lumbar spine (8/26/14) revealed L5-S1 herniated nucleus pulposus touching thecal sac; report not available for review), current diagnoses (lumbar sprain with L5-S1 herniated nucleus pulposus and left lower extremity radiculitis), and treatment to date (medications, activity modification, chiropractic therapy and physical therapy). Regarding pool therapy, there is no documentation of an indication for which reduced weight bearing is indicated (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). Regarding epidural steroid injection, there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distribution; and an imaging report (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at the requested level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy two times a week for 3 weeks (2X3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine/Aquatic Therapy Page(s): 98; 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Aquatic therapy

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services (objective improvement with previous treatment). ODG identifies visits for up to 10 visits over 8 weeks in the management of lumbar sprains and strains. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain with L5-S1 herniated nucleus pulposus and left lower extremity radiculitis. However, there is no documentation of an indication for which reduced weight bearing is indicated (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). Therefore, based on guidelines and a review of the evidence, the request for Therapy: Pool Therapy 2X3 is not medically necessary.

Injection: L5-S1 TF ESI: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

Decision rationale: MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one

session; as criteria necessary to support the medical necessity of lumbar epidural steroid injection. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain with L5-S1 herniated nucleus pulposus and left lower extremity radiculitis. In addition, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels to be injected in one session. However, despite documentation of subjective (low back pain radiating to left leg with numbness) and objective (tenderness over the lumbar spine area and end of range pain on flexion and extension) findings, there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distribution. In addition, despite documentation of medical report's reported imaging findings (L5-S1 herniated nucleus pulposus touching thecal sac), there is no documentation of an imaging report (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at the requested level. Therefore, based on guidelines and a review of the evidence, the request Injection: L5-S1 TF ESI is not medically necessary.