

Case Number:	CM14-0022274		
Date Assigned:	05/07/2014	Date of Injury:	05/30/1999
Decision Date:	08/14/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/21/2014

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, and is licensed to practice in Illinois. 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 50-year-old female with a reported date of injury on 05/30/1999. The mechanism of injury was noted to be secondary to a fall. Her diagnoses were noted to include lumbar spine degenerative disc disease, hip bursitis, joint pain in the lower leg, anxiety disorder, and insomnia. Her previous treatments were noted to include epidural steroid injections, physical therapy, trigger point injections, and medications. The progress note dated 12/30/2013 revealed the injured worker complained of back pain radiating from the low back down to both legs and bilateral hip pain. The injured worker reported that her pain level had increased since her last visit. The injured worker indicated the medications were working well and no side effects were reported. The injured worker reported that the past epidural injections were very helpful to reduce her pain for several months and that she was interested in pursuing an injection for treatment. The physical examination of the lumbar spine revealed range of motion restricted with extension limited to 18 degrees by pain, but normal flexion, right lateral bending and left lateral bending. On palpation, paravertebral muscles had tenderness noted on both sides. The spinous process tenderness was noted on L1, L2, L3, L4, and L5. Lumbar facet loading was negative and straight leg raising was negative. All lower extremities reflexes were equal and symmetric. The motor examination revealed normal tone, power, and nutrition of the muscles. The sensory examination revealed normal touch, pain, temperature, deep pressure, vibration, tactile localization, and tactile discrimination. The progress note dated 02/21/2014 revealed the injured worker complained of back pain radiating from the low back down to the legs and bilateral hip pain. The injured worker indicated the increased Neurontin had been helpful in alleviating her bilateral lower extremity radicular symptoms. The unofficial electromyography/ Nerve Conduction Study test performed on 03/09/2007 noted an absence of the left peroneal F-wave and is a wave weak finding which may be seen in disorders of a left L5 nerve root, but she

should have been considered nonspecific in isolation. Otherwise, this was a normal study with no evidence of lumbosacral radiculopathy or peripheral nerve compression. The physical examination to the lumbar spine revealed range of motion was restricted with extension limited to 18 degrees limited by pain but normal flexion, right lateral bending and left lateral bending. On palpation, the paravertebral muscles had tenderness noted on both sides. The spinous process tenderness was noted on L1, L2, L3, L4, and L5. The lumbar facet loading was negative to both sides as well as the straight leg raise test. There was tenderness noted over the sacroiliac spine. The motor examination and sensory examination was noted to be full and equal. The provider reported an MRI on an unknown date was noted to have diffuse disc bulge at L4-5 level with flattening of the ventral aspect of the thecal sac. The provider indicated the injured worker's most recent lumbar epidural steroid injection was in 2006 and she reported excellent relief. The request for authorization form dated 12/30/2013 was for physical therapy 1 to 2 times per week for 4 to 6 weeks for back pain and a lumbar epidural injection to L4-5 to address back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 1-2 TIMES PER WEEK FOR 4-6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

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

Decision rationale: The request for physical therapy 1 to 2 times per week for 4 to 8 weeks is not medically necessary. The injured worker has had previous 21 sessions of physical therapy. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend for myalgia and myositis, 9 to 10 visits over 8 weeks. There is a lack of current measurable objective functional deficits with regard to range of motion and motor strength, and quantifiable objective functional improvements with previous physical therapy sessions. Additionally, the request for 8 to 12 sessions of physical therapy exceeds guideline recommendations. Therefore, the request is not medically necessary.

LUMBAR EPIDURAL INJECTION AT L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The request for a lumbar epidural injection at L4-5 is not medically necessary. The injured worker has had a previous lumbar epidural steroid injection in 2006. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines' criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The injection should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is an inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. In the therapeutic phase, repeat blocks should be based on the continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The injured worker has received positive results from previous epidural steroid injections in 2006, however, there was a lack of documentation regarding the 50% pain relief with associated reduction of medication use for 6 to 8 weeks, and despite MRI results of a diffuse disc bulge with flattening of the ventral aspect of the thecal sac, there was a lack of significant neurological deficits such as decreased strength or sensation in a specific dermatomal distribution to warrant an epidural steroid injection. Therefore, the request is not medically necessary.