

Case Number:	CM14-0027702		
Date Assigned:	08/13/2014	Date of Injury:	06/20/2008
Decision Date:	09/18/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/04/2014

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 and 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 physical therapy note dated 01/14/2014 revealed the injured worker had had 15 previous visits of physical therapy and the injured worker complained her pain was 7/10. The physical therapist range of motion testing noted with left/right rotation and left/right side bending a 25% improvement from 12/10/2013 to 01/14/2014. The physical therapist indicated the injured worker required skilled physical therapy in conjunction with a Home Exercise Program to address the problems and achieve goals that were outlined. The progress note dated 01/20/2014 revealed the injured worker had had her injection 3 weeks earlier at the L4-5 and L5-S1 on the left hand side. The injured worker reported she had approximately 1 day of relief but then had a severe increase in her pain for the following 3 weeks. The physical examination revealed decrease sensory findings in the L4-5 and L5-S1 dermatomes. She had decreased motor strength, rated 4/5 and the provider felt that she had a hip disease that may have been aggravating her leg in addition to what was going on in her lumbar spine. The progress note dated 01/21/2014 revealed the injured worker stated that her first epidural steroid injection was of no help. The provider indicated the spine surgeon was recommending a second epidural steroid injection as he felt the second epidural steroid injection would work even though the first one did not and was attempting to avoid surgery. The injured worker indicated she had a positive response to previous pool therapy. There was not a physical examination submitted within the medical records. The Request for Authorization form dated 01/30/2014 was for a second lumbar steroid injection to help with pain and avoid the need for surgery, and aquatic therapy twice a week for 3 more weeks; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection (ESI) L5-S1: Upheld

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

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

Decision rationale: The request for Epidural Steroid Injection (ESI) L5-S1 is not medically necessary. The injured worker has had a previous epidural steroid injection with no benefit. 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 injections should be performed using fluoroscopy for guidance. 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 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 MRI did not give a diagnosis of radiculopathy although the clinical findings were consistent. However, the previous epidural steroid injection gave no benefit and the guidelines recommend pain relief from previous injections should be at least 50% with associated reduction of medication use for 6 to 8 weeks. Therefore, due to the lack of pain relief from the previous epidural steroid injection and a lack of imaging studies to corroborate radiculopathy, a repeat epidural steroid injection is not appropriate at this time. Therefore, the request is not medically necessary.

Aqua therapy two sessions per week for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 22, 99.

Decision rationale: The request for aquatherapy 2 sessions per week for 3 weeks is not medically necessary. The injured worker has had previous physical therapy sessions with 25% improvement in range of motion including aquatic therapy. The California Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weightbearing is desirable, for example extreme obesity. Water exercise improves some components of health-

related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. The most recent physical therapy note indicated the injured worker needed to continue on a Home Exercise Program and there was not a recommendation for continued physical therapy. The guidelines recommend aquatic therapy for injured workers needing reduced weightbearing such as extreme obesity which is not indicated in the documentation. Additionally, the injured worker has had previous 15 sessions of physical therapy and the recommendation for 6 more sessions exceeds guideline recommendations. Therefore, the request is not medically necessary.