

Case Number:	CM14-0028678		
Date Assigned:	06/16/2014	Date of Injury:	11/17/2008
Decision Date:	08/12/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/06/2014

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 injured worker is a 49-year-old male with a reported date of injury on 11/17/2008. The rationale for the request was not provided within the documentation available for review. There was a lack of documentation related to the injured worker's physical exam, previous conservative care, and medication regimen. The injured worker's diagnosis included lumbar radiculopathy. Request for Authorization for physical therapy evaluation and treatment, 12 visits for lumbar spine and transforaminal injection right L5 and S1 with fluoroscopy was submitted on 02/26/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY EVALUATION AND TREATMENT, 12 VISITS FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288,299.

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

Decision rationale: The injured worker is a 49-year-old male with a reported date of injury on 11/17/2008. The rationale for the request was not provided within the documentation available for review. There was a lack of documentation related to the injured worker's physical exam, previous conservative care, and medication regimen. The injured worker's diagnosis included lumbar radiculopathy. The request for authorization for physical therapy evaluation and treatment, 12 visits for lumbar spine and transforaminal injection right L5 and S1 with fluoroscopy was submitted on 02/26/2014. The rationale for the request was not provided within the documentation available for review. As such, the request is not medically necessary.

TRANSFORAMINAL INJECTION RIGHT L5 AND S1 WITH FLUOROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

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

Decision rationale: The California MTUS Guidelines recommend ESI as an option for treatment of radicular pain. The criteria for use of epidural steroid injections includes radiculopathy must be documented by physical examination and corroborated by imaging studies, and/or electrodiagnostic testing. The injured worker would be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). 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. The clinical information provided for review lacks documentation related to the injured worker's functional deficits to include range of motion. There is a lack of documentation related to EMG/NCV studies or previous MRI. The neurological deficits were not provided within the documentation available for review. Therefore, the request for transforaminal injection right L5 and S1 with fluoroscopy is not medically necessary.