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| Case Number: | CM14-0030667 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 05/06/2002 |
| Decision Date: | 12/31/2014 | UR Denial Date: | 02/14/2014 |
| Priority: | Standard | Application Received: | 03/10/2014 |

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 Family Practice, and is licensed to practice in North Carolina. 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 had a date of injury of 5/6/2002. Diagnoses include cervicalgia, degenerative disc disease in lumbar spine and radicular pain in cervical and lumbar region. The claimant has ongoing complaints of cervical and lumbar radicular pain. MRI findings demonstrate disc and facet disease in lumbar region, most prominently at L4-L5. Past treatments have included lumbar surgery and medications. The requests are for Right L4-L5 transforaminal epidural steroid injection and Physical Therapy (cervical) 3 x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 Transforaminal Epidural Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transforaminal Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 46.

Decision rationale: CA MTUS guidelines state that Epidural Steroid Injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 Epidural Steroid Injections to for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative

therapies including NSAIDs, physical therapy, exercise. Repeat Epidural Blocks should be used only when a 50 % reduction in pain accompanied by reduced medication usage for 6-8 weeks. In this case, there is documentation of radiculopathy and corroboration on MRI. No prior ESI treatments have been performed at this region. Epidural Steroid Injection is medically necessary.

Physical Therapy with Massage Therapy (Cervical, Lumbar 3 X 4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 98-99.

Decision rationale: The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS), 24 visits over 16 weeks. In this case, the request for cervical physical therapy 3 x 4 exceeds the recommendation for radicular pain of 8-10 sessions over 4 weeks. The request for Physical Therapy with Massage Therapy 3 x 4 sessions is not medically necessary.