MAXIMUS Federal Services

Case Number:	CM14-0035501		
Date Assigned:	06/23/2014	Date of Injury:	11/14/2006
Decision Date:	08/19/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/22/2014

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 Medicine and is licensed to practice in Arizona. 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 patient is a 58 year old female with a date of injury on 11/14/2006. Diagnoses include lumbosacral spondylosis, and lumbosacral neuritis. Subjective complaints are of low back pain with radiation to the left leg and left hip. Patient also reports numbness and tingling and balance difficulties. Physical exam shows decreased sensation to light touch and pinprick in the left L4-5 distribution. MRI showed disc protrusions at L4-5 and L5 to S1 level. Office notes indicate that patient also had positive EMG findings. Medications include Lidoderm, Paxil, Lunesta, Oxycontin, Percocet, Soma, and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection under fluroscopy (series of 3): 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,Chronic Pain Treatment Guidelines ESI Page(s): 46.

Decision rationale: The California MTUS notes that the purpose of epidural steroid injections (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers

no significant long-term functional benefit. Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a series of three ESIs. Furthermore the American Academy of Neurology concluded that epidural steroid injections may lead to improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. Criteria for epidural steroid injections must show documented radiculopathy on physical exam and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are documented radicular signs and disc bulges seen on MRI. While radicular signs are present, current guidelines do not support a series of three for epidural injections. Therefore, the request for lumbar epidural steroid injection under fluroscopy (series of 3) is not medically necessary and appropriate.

16 sessions of pool therapy for the lumbar (2x8): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PHYSICAL THERAPY, AQUATIC THERAPY.

Decision rationale: The California MTUS recommends aquatic therapy as an alternative to land based therapy specifically if reduced weight bearing is desirable, for example extreme obesity. The Official Disability Guidelines (ODG) recommends aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. In this case, there is no evidence of extreme obesity or presented rationale why land based exercise or therapy was not sufficient. Therefore, the request for 16 sessions of pool therapy for the lumbar spine, twice a week for eight weeks is not medically necessary and appropriate.