

Case Number:	CM14-0036073		
Date Assigned:	06/23/2014	Date of Injury:	05/15/2011
Decision Date:	07/25/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/24/2014

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 California. 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:

This is a 65 year old male who sustained a remote industrial injury on 05/15/11 and is diagnosed with post laminectomy syndrome and cervical radiculitis. The requests for Transforaminal (TF) Lumbar epidural steroid injection (LESI) at L3-5 QTY: 1.00, Physical therapy for the cervical spine QTY: 12.00, and Physical therapy for the lumbar spine QTY: 12.00 were non-certified at utilization review due to the lack of documentation quantifying functional improvement as a result of previous lumbar epidural steroid injections and physical therapy sessions that would warrant the necessity of a repeat epidural steroid injection and additional physical therapy sessions. The most recent progress note provided is dated 01/29/14. The patient complains primarily of neck pain, low back pain, and leg pain. Physical exam findings reveal a flexion/extension of the cervical spine of 70 degrees; muscle spasms in the low back; decreased range of motion of the lumbar spine; straight leg raising is positive on the right side; atrophy of the right thigh; and diminished patellar reflex. Current medications are not listed in this report. The patient's medications, consisting of Advil and Norco, are listed in a progress report dated 12/11/13. Provided documents include several previous progress reports, urine toxicology reports, requests for authorizations for medical treatment, previous Utilization Reviews, and appeals of denial of treatment reports. It is noted in previous progress reports that the patient underwent a right L4-5 and L5-S1 epidural steroid injection on 08/30/12, reporting no significant change in symptoms. It is also highlighted that recommendations for lumbar surgery have gone unanswered due to the patient's abdominal issues including a hernia. The patient's previous treatments include medication, right shoulder surgery, lumbar epidural steroid injections, and physical therapy. Imaging studies provided include an MRI of the lumbar spine, performed on 01/20/14. The impression of this MRI reveals posterior disc bulges of 3 to 4 mm at L1-2 and L2-3, 3 mm disc bulge in combination with 3 to 4 mm of retrolisthesis at L3-4, and posterior disc

bulges of 7 to 8 mm at the narrowed L4-5 level and 5 mm at L5-S1 with mild L3-4 and L4-5 central canal narrowing. An MRI of the cervical spine, performed on 01/20/14, is also included for review. The impression of this MRI reveals posterior disc bulges of 3 to 4 mm at C3-4, 3 mm each at C4-5 and C6-7, 2 mm at C7-T1, and at C5-6, 2 mm in combination with 2 to 3 mm of retrolisthesis with central canal narrowing that is mild at both C3-4 and C4-5 and mild to moderate at C5-6. An MRI of the left hip, performed on 03/01/13, is also provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal (TF) Lumbar epidural steroid injection (LESI) at L3-5 QTY: 1.00: 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: According to the MTUS Chronic Pain Guidelines, "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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." In this case, provided documents highlight the patient underwent a lumbar epidural steroid injection on 08/30/12, reporting no significant change in symptoms and no documentation of functional improvement or reduction of medication use. Due to this lack of 50% pain relief and functional improvement from the initial lumbar epidural steroid injection, the request is not medically necessary and appropriate.

Physical therapy for the cervical spine QTY: 12.00: 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 Physical Medicine Page(s): 98-99.

Decision rationale: According to the MTUS Chronic Pain Guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Provided documentation notes that the patient has participated in physical therapy in the past but the number of sessions is not specified. Further, the treating physician does not document limitations that would necessitate more physical therapy sessions over the patient continuing therapy in a safe home exercise program. Although the MTUS Chronic Pain Guidelines support the extension of physical therapy with documentation of obtained functional improvement, the necessary documentation of this improvement has not been provided to support the need for additional sessions. As such, the request is not medically necessary and appropriate.

Physical therapy for the lumbar spine QTY: 12.00: 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 Physical Medicine Page(s): 98-99.

Decision rationale: According to the MTUS Chronic Pain Guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Provided documentation notes that the patient has participated in physical therapy in the past but the number of sessions is not specified. Further, the treating physician does not document limitations that would necessitate more physical therapy sessions over the patient continuing therapy in a safe home exercise program. Although MTUS Guidelines support the extension of physical therapy with documentation of obtained functional improvement, the necessary documentation of this improvement has not been provided to support the need for additional sessions. As such, the request is not medically necessary and appropriate.