

Case Number:	CM14-0039869		
Date Assigned:	06/27/2014	Date of Injury:	10/01/2013
Decision Date:	08/29/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/04/2014

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 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:

The underlying date of injury in this case is 10/01/2013. The patient's treating diagnosis is lumbosacral disc degeneration and lumbosacral radiculitis. On 03/02/2014, the patient was seen in followup by treating physician with continued low back pain and neck pain. The patient complained of low back pain radiating to his left lower extremity with intermittent numbness and paresthesias. An MRI of the lumbar spine of 10/12/2013 was noted to have demonstrated a disc bulge with hypertrophic changes at L5-S1 and some encroachment upon the spinal canal and neural foramen. Strength was normal in the lower extremities. Sensation was notable for numbness to light touch over the left foot. Treatment request is for lumbar epidural injection L5-S1 as well as physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural spinal injection at L5-S1: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines states that radiculopathy must be documented by physical exam and corroborative imaging studies and/or electronic diagnostic testing to support an epidural steroid injection. The medical records do not contain such details to correlate the presence of lumbar radiculopathy. This request is not medically necessary.

Physical therapy (unspecified): Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines, section on Physical medicine state that active physical therapy should be based upon specific goals for a particular patient. This request is nonspecific, in terms of the frequency, duration, or nature of physical therapy requested. There is insufficient information upon which to apply a guideline. As such, the request is not medically necessary and appropriate.