

Case Number:	CM14-0041017		
Date Assigned:	06/30/2014	Date of Injury:	06/19/2013
Decision Date:	08/15/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/07/2014

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 Occupational Medicine 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 claimant was injured on 06/19/13. A referral to pain management for epidural steroid injections and 12 sessions of physical therapy with ultrasound, massage, and therapeutic exercise are under review. The claimant was diagnosed with a lumbar disc bulge with radiculopathy and a left Achilles tendon partial tear. He has had 30 sessions of physical therapy approved since the injury. X-rays of the lumbar spine in June 2013 were normal. X-rays of the ankle showed no fractures. Magnetic resonance imaging (MRI) of the ankle in August 2013 showed severe tendinosis of the Achilles tendon with a high-grade partial tear of the medial half of the Achilles. There was trace bursal fluid. MRI of the lumbar spine in January 2014 demonstrated mild degenerative disc disease at L2-3 and L5-S1 with mild annular bulging discs. There was no evidence for neural impingement. There was mild facet hypertrophy at L4-5 and L5-S1. On 01/22/14, he was seen for pain in the low back and left Achilles tendon. Straight leg raise was negative bilaterally and the neurologic exam was intact. Electromyography (EMG) showed mild right L4 and L5 radiculopathy. He also saw [REDACTED] on 02/07/14. He had a history of chronic low back pain. It radiated to the right posterior thigh and was relieved with some medication. He had tenderness and limited active range of motion. He had negative straight leg raise and sensation and strength were intact. He was diagnosed with an acute exacerbation of chronic low back pain. He reported increased low back pain to [REDACTED] on 02/12/14. He has tenderness and spasm with decreased and painful range of motion and decreased sensation of the right lower extremity. He had a positive straight leg raise on the right and a thickened left Achilles tendon. He was diagnosed with radiculopathy with positive electromyography /nerve conduction velocity (EMG/NCV) studies. He saw [REDACTED] on 02/12/14. His left ankle remained quite painful. He had increased low back pain. He had exquisite paraspinal tenderness. An epidural steroid injection (ESI) and physical therapy were ordered at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to pain management for epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 79. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations.

Decision rationale: The history and documentation do not objectively support the request for an epidural steroid injection (ESI) at this time. The MTUS state "ESI may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)... Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)...." There is no clear objective evidence of radiculopathy at any level on physical examination even though the electromyography (EMG) report stated that radiculopathy was present. It is not clear whether the claimant has failed all other reasonable conservative care or that this ESI may be recommended by the evaluator in order to try to avoid surgery. The MRI report does not demonstrate the presence of nerve root compression at any levels so the medical necessity of an ESI has not been shown. ACOEM Chapter 7 states if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. There is no evidence that the claimant has a complex case. Therefore, the request for a pain management consultation for a possible epidural steroid injection is not medically necessary.

12 sessions of physical therapy with ultrasound massage and therapeutic exercise (3x4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle Chapter, Physical therapy & Lumbar Chapter, Physical/Occupational Therapy.

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

Decision rationale: The history and documentation do not objectively support the request for an additional 12 visits of physical therapy with ultrasound, massage, and therapeutic exercise at this

time. The MTUS state physical medicine treatment may be indicated for some chronic conditions and patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The claimant has been approved for 30 visits of physical therapy, which should have been a sufficient number of physical therapy visits to complete treatment and instruction in a home exercise program. There is no clinical information that warrants the continuation of physical therapy for an extended period of time. There is no evidence that the claimant is unable to complete his rehab with an independent home exercise program. The medical necessity of this additional therapy with the listed modalities has not been clearly demonstrated.