

Case Number:	CM14-0046207		
Date Assigned:	07/02/2014	Date of Injury:	05/12/2013
Decision Date:	09/17/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/14/2014

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 injured worker is a 50-year-old male who reported an injury after weight of the inventory and pallet began shifting towards him. The injured worker tried to prevent its fall while in motion. The injured worker felt a pop and pain in his lower back that radiated to both legs and feet on 05/12/2013. The clinical note dated 05/15/2014 indicated diagnoses of cervical enthesopathy, thoracic sprain/strain, lumbar disc herniation with myelopathy, lumbar degenerative disc disease, lumbago, lumbar myalgia, right ankle and feet derangement, and left anterior tarsal tunnel syndrome. The injured worker reported low back pain with bilateral leg numbness with pain, right leg had throbbing pain, right hip and buttock pain, bilateral feet and heel pain. The injured worker reported throbbing pain in his feet. The injured worker reported bilateral knee buckles from weakness when walking constantly. The injured worker reported difficulty with standing, sitting, reclining, bending, pushing, pulling, walking, and climbing stairs, as well as lifting and carrying. The injured worker reported difficulty riding, driving, and flying. The injured worker reported difficulty gaining restful sleep and sleeping through the night due to nightmares and dozing during the day. The injured worker reported his pain 8/10. On physical examination of the cervical spine: there was gross tenderness of the posterior neck muscles bilaterally with specific trigger points noticeable in the posterior neck areas bilaterally. The injured worker had a positive Spurling's test in the left shoulder. On palpation there was tenderness of the trapezius muscle with spasms bilaterally. 2+ deep tendon reflexes were noted bilaterally. The injured worker had a positive foraminal compression test in the left cervical spine with general muscle weakness secondary to pain bilaterally. The injured worker's cervical range of motion revealed flexion and extension of 50 degrees bilaterally, lateral flexion of 30 degrees bilaterally, and rotation of 50 degrees bilaterally. The injured worker's examination of the shoulder was normal. Injured worker had full range of motion of the shoulder. The

examination of the thoracic and lumbar spine revealed hypolordosis and right lumbar muscular spasm with specific trigger points in the left erector spinalis area. There was tenderness in the right lumbar spine paravertebral muscles and posterior thigh with deep tendon reflexes of 1/2. The injured worker had a positive straight leg raise on the right side at 55 degrees. The injured worker's seated straight leg raise was positive on the right. The injured worker was able to toe walk with difficulty on the right side; however, unable to heel walk. The injured worker's dorsiflexion power was weak on the right, plantar flexion power was normal. The injured worker had general muscle weakness secondary to pain bilaterally. The injured worker's manual muscle testing for flexion was 2 on right, extension was 2, lateral flexion was 2 bilaterally, and rotation was 2. The injured worker's lumbar spine range of motion revealed flexion of 45 degrees, extension of 10 degrees, lateral flexion of 15 degrees bilaterally, and rotation of 15 degrees bilaterally. The injured worker ambulated with antalgic gait bilaterally. The injured worker's Romberg sign was positive. The injured worker had decreased sensation to pinprick, light touch, and 2 point discrimination in the left foot and decreased sensation in the lumbar spine at L4-5 and L5-S1. The injured worker's motor exam revealed decreased tone and bulk in the lower extremity with distal weakness in the lower extremity and decreased motor strength in the lumbar spine at L5-S1. The injured worker's prior treatments included diagnostic imaging, a prior epidural steroid injection at L5-S1, physical therapy, and medication management. The injured worker's prior treatments included diagnostic imaging and medication management. The provider submitted a request for lumbar transforaminal epidural steroid injections at L4-5, L5-S1, and physical therapy for low back pain. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural steroid injections at L4-L5 and L5-S1 levels with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The request for lumbar transforaminal epidural steroid injections at L4-L5 and L5-S1 levels with fluoroscopy is not medically necessary. The CA MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. No more than one interlaminar level should be injected at one session. In the therapeutic phase, 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. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Documentation submitted indicated the injured worker had a prior epidural steroid injection in addition to his lack of quantified pain relief and

functional improvement with associated reduction of medication use in the documentation provided. Therefore, the request is not medically necessary.

Physical therapy for low back pain 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The request for Physical therapy for low back pain 2x6 is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. It is indicated the injured worker had prior physical therapy; however, the efficacy of the prior therapy and the amount of sessions the injured worker had completed were not indicated in the documentation submitted to warrant additional therapy. Moreover, the therapy should have been adequate to improve functionality and transition the injured worker to a home exercise program where the injured worker may continue exercises such as strengthening, stretching, and range of motion. In addition, the request did not indicate a time frame for the physical therapy. Therefore, the request is not medically necessary.