

Case Number:	CM14-0046754		
Date Assigned:	07/02/2014	Date of Injury:	04/28/2000
Decision Date:	08/20/2014	UR Denial Date:	03/20/2014
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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and spinal stenosis reportedly associated with an industrial injury of April 28, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of manipulative therapy, physical therapy, and acupuncture; and multiple knee surgeries, including total knee replacement. Per the claims administrator, the applicant also had two prior epidural injections. In a Utilization Review Report dated March 20, 2014, the claims administrator denied a request for 12 sessions of physical therapy, partially certified six sessions of aquatic therapy; and denied an epidural steroid injection. The applicant's attorney subsequently appealed. In a handwritten note dated June 2, 2014, the applicant was placed off of work, on total temporary disability. The note was difficult to follow. Home health services were apparently being sought. In an earlier note of April 21, 2014, the applicant was described as having persistent complaints of low back pain radiating to the right leg. The applicant was given a refill of Nexium for dyspepsia, actually consulted gastroenterologist for the same, and was placed off of work, on total temporary disability. In an office visit dated January 22, 2014, somewhat truncated as a result of repetitive photocopying, epidural steroid injection therapy, aquatic therapy, and physical therapy were endorsed. The portions of the note appear to have been truncated. It was stated that the applicant last worked three to four years prior. The applicant is having difficulty performing even basic activities of daily living, including lifting, sitting, standing, and traveling. The applicant's medication list was not furnished on this occasion. The applicant was described as independently ambulatory. The applicant was able to walk on her toes and heels, although the applicant did exhibit some limp associated with her total

knee arthroplasty. The applicant also had venous varicosities about the lower extremities, it is incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, lumbar spine QTY:12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic, functional improvement Page(s): 99,8.

Decision rationale: The 12-session course of treatment proposed, in on itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. It is further noted that the page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, there has been no such demonstration of functional improvement. The applicant is off of work, on total temporary disability, several years removed from the date of injury. The applicant is having difficulty to perform even basic activities of daily living. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including physical therapy, aquatic therapy, and injection therapy at issue here. Therefore, the request is not medically necessary.

Lumbar epidural steroid injection without the use of dye at L4-5 and L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) and functional improvement Page(s): 46, 8.

Decision rationale: The request in question represents a repeat injection. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, however, repeat injection should be predicated on evidence of functional improvement and lasting analgesia achieved with earlier blocks. In this case, however, the applicant is off of work, on total temporary disability, despite earlier epidural injections. The applicant remains highly reliant and highly dependent on physical methods and other forms of medical treatment. All the above, taken together imply a lack of functional improvement as defined in the MTUS 9792.20f. Therefore, the request is not medically necessary.

