

Case Number:	CM14-0053051		
Date Assigned:	07/07/2014	Date of Injury:	07/18/2013
Decision Date:	09/05/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/21/2014

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 patient is a 36 year-old with a date of injury of 07/18/13. A progress report associated with the request for services, dated 03/12/14, identified subjective complaints of low back pain with radicular symptoms into both legs. Objective findings included tenderness to palpation of the lumbosacral junction and decreased range of motion. Motor and sensory function was normal. Straight leg raising test was positive on the left at 30 degrees. MRI showed disc protrusion at two lumbar levels. There is no mention of foraminal encroachment. Diagnoses included lumbar radiculopathy. Treatment had included NSAIDs and topical analgesics. A Utilization Review determination was rendered on 04/03/14 recommending non-certification of "X2 epidural injections and Core stabilization PT x8 weeks".

IMR ISSUES, DECISIONS AND RATIONALES

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

X2 EPIDURAL INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Criteria for the use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Guidelines note that epidural steroids injections (ESI) offer short-term relief from radicular pain, but do not affect impairment or need for surgery. Criteria for ESIs include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Further, no more than one interlaminar level should be injected at one session. The Official Disability Guidelines (ODG) states that an epidural steroid injection "... offers no significant long-term benefit." Criteria include objective findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing. They should be done using fluoroscopy. During the diagnostic phase, a maximum of one to two injections and the second block is not indicated without 30% or more improvement from the first. No more than two nerve roots should be injected using transforaminal blocks and no more than one interlaminar level during one session. If there is a documented response to the therapeutic blocks (50-70% pain relief for at least 6-8 weeks), then up to 4 blocks per region per year may be used. Current research does not support "series-of-three" injections. The claimant does not appear to have objective findings of a radiculopathy supported by imaging. Additionally, two injections are not indicated without assessment of the response to the first injection. Therefore, there is no documented medical necessity for epidural injections times 2.

Core stabilization PT x8 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

Decision rationale: The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with "... active therapies at home as an extension of the treatment process in order to maintain improvement levels." Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. The Official Disability Guidelines (ODG) states that for lumbar sprains/strains and disc disease, 10 visits over 8 weeks is recommended. For lumbar radiculopathy, 10-12 visits over 8 weeks. In this case, the length of the therapy but not the total number of visits is specified. Likewise, this does not allow for fading of treatment frequency and there is no mention of associated home exercises. Therefore, the record does not document the medical necessity for physical therapy as requested.