

Case Number:	CM14-0054995		
Date Assigned:	07/07/2014	Date of Injury:	09/20/2005
Decision Date:	10/01/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/24/2014

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 patient is a 56-year-old male who has submitted a claim for lateral epicondylitis associated with an industrial injury date of 09/20/2005. Medical records from 2014 were reviewed. The patient complained of constant slight to intermittent moderate and occasionally severe left elbow pain that increased in intensity with pushing and pulling. The patient noted tenderness to touch. Patient also complained of low back pain that radiated down the lower extremities. Physical examination revealed palpatory pain over the lateral epicondyle of the left elbow. The range of motion was limited. The patient had a slow and guarded gait. Straight leg raise test was positive bilaterally. The range of motion for the lumbar spine was also limited. MRI of the lumbar spine showed foraminal stenosis most significant at L5 to S1. The date of this MRI was unspecified. CT Myelogram scan dated 03/11/2010 documented 1. Pedicle screws at L3,L4,L5 and S1 vertebral bodies. 2. Laminectomy changes at L3, L4, L5 and S1 vertebral bodies. 3. No evidence of cord compression or nerve root impingement. Treatment to date has Norco, Mobic, Neurontin, Protonix and Soma. The patient received a bilateral transforaminal lumbar epidural steroid injection at L5-S1 on 01/17/2013, 05/09/2013, 10/10/2013 and 02/06/2014, which afforded 30% relief. The patient underwent a trial of dorsal column stimulator on 03/06/2013 and anterior, posterior decompression L3-S1 on 12/19/2008. Utilization review from 03/26/2014 denied the request for Repeat Lumbar Epidural Steroid Injection at the L5-S1 Level because the medical records does not quantitatively document any specific activity increase or medication requirement decrease during this time. Physical therapy was not certified because because previous exposure to outpatient physical therapy with outcomes is not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Lumbar Epidural Steroid Injection at the L5-S1 Level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 46.

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

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, research has now shown that LESI is recommended as a possible option for short-term treatment of radicular pain (defined as pain dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. Furthermore, criteria for the use of epidural steroid injections state that current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. The guidelines recommend no more than 2 ESI injections. 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. In this case, the patient has been having pain in the left elbow and lower back. MRI showed no evidence of cord compression or nerve impingement. The official MRI result was likewise not available for review. The patient received a bilateral transforaminal lumbar epidural steroid injection at L5-S1 on 01/17/2013, 05/09/2013, 10/10/2013 and 02/06/2014. However, patient only reported 30% symptom relief. Duration of pain relief was not specified. As stated in the guidelines, no more than 2 ESI injections are recommended. Furthermore, there seems to be no signs and symptoms of radiculopathy at this time. Therefore, the request for Repeat Lumbar Epidural Steroid Injection at the L5-S1 Level is not medically necessary.

Physical Therapy for the Lumbar Sprain (2 x 4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 03/18/2014), Physical Therapy (PT) Official Disability Guidelines (ODG), Physical Therapy Guidelines, Sciatica

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

Decision rationale: As stated on page 98 to 99 of CA MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, patient has had surgery in 2008 and postoperative physical therapy thereafter. However, medical records submitted for review did not show the number of physical therapy sessions completed. Furthermore, there is no objective evidence of functional improvement from previous physical therapy. Documentation for any improvement due to

physical therapy is lacking. Therefore, the request for Physical Therapy for the Lumbar Sprain (2 x 4) is not medically necessary.

Physical Therapy for the Left Elbow (2 x 4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (updated 02/14/2014), Physical Therapy Official Disability Guidelines (ODG), Physical therapy Guidelines, Lateral Epicondylitis/Tennis Elbow

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

Decision rationale: As stated on page 98 to 99 of CA MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, patient has had surgery in 2008 and postoperative physical therapy thereafter. However, medical records submitted for review did not show the number of physical therapy sessions completed. Furthermore, there is no objective evidence of functional improvement from previous physical therapy. Documentation for any improvement due to physical therapy is lacking. Therefore, the request for Physical Therapy for the Left Elbow (2 x 4) is not medically necessary.