MAXIMUS Federal Services

Case Number:	CM14-0057206		
Date Assigned:	07/09/2014	Date of Injury:	03/17/2009
Decision Date:	12/10/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/28/2014

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 Allergy and Immunology 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:

The injured worker is a 40-year-old female with a reported date of injury on 03/17/2009. The mechanism of injury was not stated. Her diagnoses included sprain and strain of the sacrum, sprain and strain of the hip and thigh, and sprain and strain of the sacroiliac. Her past treatments included medications and physical therapy. Her diagnostic studies included an MRI of the lumbar spine 02/15/2013 which showed mild degenerative disc disease from the level of L3-4 to L5-S1, essentially unchanged from the previous study and EMG/NCS of the lower extremities 02/18/2010 which showed normal. Past surgical history included coccygectomy in 2009. On 07/18/2014, she presented with complaints of constant pain with pain when she stands, walks or sits. Upon physical examination, it was noted that the lumbar spine range of motion was decreased. The injured worker had a positive straight leg raise on the left, decreased sensory deficits along the L5 and S1 dermatomes. Her medications included Norco, Anaprox, Norflex, and Dendracin. It was recommended that the injured worker undergo laminectomy and discectomy; however, the surgery was not approved. The treatment plan included a recommendation for a Functional Capacity Evaluation). The request was for postoperative physical therapy 3 times 2 for the lumbar spine and lumbar epidural steroid injections with facet injection at L4 to S1 x2. The rationale for the request was not submitted. The Request for Authorization form was not submitted within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative Physical Therapy 3 times a week for 2 weeks for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines- Intervertebral Disc Disorders without Myelopathy Post-injection treatment

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The request for Postoperative Physical Therapy 3 times a week for 2 weeks for the lumbar spine is not medically necessary. The California MTUS, Postsurgical Treatment Guidelines recommend 16 sessions of physical therapy over 8 weeks after a laminectomy is performed. The injured worker complained of pain to her lower back. There was no evidence that the recommended laminectomy was approved and would be performed in the near future. As such, the request for postoperative physical therapy is not medically necessary.

Lumbar Epidural Steroid Injection with Facet Injection at L4-S1 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309,Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's). Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, Low Back, Epidural Steroid Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint intra-articular injections (therapeutic blocks)

Decision rationale: The request for Lumbar Epidural Steroid Injection with Facet Injection at L4-S1 x 2 is not medically necessary. According to the California MTUS Guidelines, epidural steroid injections (ESIs) are recommended as an option for radicular pain. The guidelines note radiculopathy must be documented on physical examination and corroborated by imaging studies, with documentation of failed conservative care treatment including exercises, physical methods, NSAIDs, and muscle relaxants. Epidural steroid injections should be performed using the fluoroscopy for guidance. The injured worker presented with complaints of constant pain when she stands walks or sits and positive straight leg raise on the left and was unable to perform toe-heel walk due to motor sensory deficits along the L5 and S1 dermatomes. Clinical documentation did not include the official/unofficial lumbar spine MRI report. However the clinical notes indicated the MRI of the lumbar spine performed on 02/15/2013 showed mild degenerative disc disease from the level of L3-4 to L5-S1, essentially unchanged from the previous study and a normal study for the EMG/NCS of the lower extremities on 02/18/2010. The documentation did not include a plan for participation in an active treatment program after the injection (home exercise/PT). Upon physical examination there was no evidence of significant weakness, decreased deep tendon reflexes, or decreased sensation to the requested levels. In the absence of significant evidence of neurological deficit upon examination with corroboration of diagnostic studies the request is not supported by the guidelines. The request does not specify that the injections are to be given using the guidance of fluoroscopy. Therefore,

the epidural steroid injections would not be indicated at this time. According to the California MTUS/ACOEM Guidelines, invasive techniques such as facet blocks are of questionable merit; however, many pain physicians believe that diagnostic and therapeutic injections may be beneficial. More specifically, the Official Disability Guidelines state therapeutic facet blocks may be indicated for patients with a clinical presentation consistent with facet joint dysfunction, evidenced by tenderness to palpation over the facet joints on physical examination, and the absence of objective findings suggestive of radiculopathy, though radiating pain may be present. Additionally, there should be no evidence of spinal stenosis or previous fusion and documentation should include a plan for an active treatment program following the injection therapy. The guidelines suggest no more than one therapeutic intra-articular block. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy. The clinical documentation did not provide evidence upon physical examination to support facet joint dysfunction such as tenderness to palpation over the facet joints and normal sensation. The injured worker had a positive straight leg raise. The documentation did not include a plan for participation in an active treatment program after the injection (home exercise/PT). There is a lack of documentation indicating the injured worker had significant findings indicative of facetogenic pain to the requested levels. The request for 2 injections would not be indicated as the efficacy of the first epidural steroid injection should be assessed prior to performing a second injection and the guidelines do not recommend more than one therapeutic facet joint injection. Additionally, the guidelines further state it is not currently recommended to perform epidural blocks on the same day of treatment as facet blocks as this may lead to improper diagnosis or unnecessary treatment. As such, the request for Lumbar Epidural Steroid Injection with Facet Injection at L4-S1 x 2 is not medically necessary.