

Case Number:	CM14-0057636		
Date Assigned:	07/09/2014	Date of Injury:	04/12/2013
Decision Date:	08/29/2014	UR Denial Date:	04/09/2014
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 60-year-old male with a 4/12/13 date of injury. The mechanism of injury was not noted. According to a 5/1/14 progress report, the patient stated that he has been getting better with his exercise. He has not had epidural injections, only physical therapy, and he rated his pain level on a scale of 1-10 as a 1 or 2, only on rare occasions will it become a 3. Objective findings include motor strength 5/5, sensory examination is intact to light touch; lumbosacral motion shows the patient is capable of getting his fingertips to the mid tibia, extension to 20 degrees, right and left lateral bending to 20. The diagnostic impression includes low back stiffness, numbing, tingling. Treatment to date includes medication management and activity modification. A UR decision dated 4/9/14 denied the request for consult and ESI at L5-S1 and modified the request for 12 therapy sessions for lumbar spine to 6 sessions. Regarding the consult and ESI, this request is for a consult for lumbar epidural steroid injections. There is no evidence of radiculopathy (sensory loss, muscle weakness, or reflex abnormality is noted), the most recent lumbar magnetic resonance imaging (MRI) does not document any nerve root impingement or compression and there is no mention of any abnormal electrodiagnostic testing. The patient does not require any medication for the pain above, and there has been no additional treatment since leg pain was first documented. Regarding the physical therapy, it has been almost 8 months since physical therapy for 12 sessions was certified but no mention of a home exercise program is provided. Guidelines recommend additional physical therapy for chronic pain with exacerbation. The modified physical therapy is recommended to develop a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult and Epidural Steroid Injection (ESI) at L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46. Decision based on Non-MTUS Citation American Medical Association (AMA) Guides, Radiculopathy.

Decision rationale: The CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology, and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. According to the documentation reviewed, there is no documentation of any dermatomal pain that would suggest radicular pain and no evidence of radiculopathy (sensory loss, muscle weakness or reflex abnormality). The lumbar magnetic resonance imaging (MRI) report dated 3/7/14 did not reveal any significant nerve root pathology. In addition, there is no documentation that the patient has been unresponsive to conservative treatment. In fact, it is noted in a 5/8/14 physical therapy report that the patient's low back pain is improving in intensity, frequency, and duration with physical therapy. Furthermore, the patient stated in a 5/1/14 report that he has been getting better with exercise and he rated his pain as a 1 or 2 on a scale of 1-10. Therefore, the request for consult and epidural steroid injection (ESI) at L5-S1 was not medically necessary.

Physical Therapy 3 times 4 (12) Visits for Lumbar Spine: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 6 Pain, Suffering, and the Restoration of Function, page 114 Official Disability Guidelines (ODG), Low Back Chapter.

Decision rationale: The CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines allow for fading of treatment frequency. It is unclear how many total physical therapy sessions the patient has completed. Documentation from a physical therapy note dated 5/8/14 shows that the patient has completed 6 total sessions with a significant reduction in the intensity, frequency, and duration of the patient's low back pain and related symptoms. According to the

UR decision dated 4/9/14, a prior UR from 8 months ago had certified 12 physical therapy sessions. The Official Disability Guidelines (ODG) support 10 visits over 8 weeks for lumbar sprains and strains. Twelve additional physical therapy sessions would exceed guideline recommendations. Furthermore, a UR decision dated 4/9/14 certified 6 physical therapy sessions for the patient to transition to a home exercise program. Therefore, the request for physical therapy 3 times a week for 4 weeks, (12 visits) for the lumbar spine was not medically necessary.