

Case Number:	CM14-0066041		
Date Assigned:	09/10/2014	Date of Injury:	07/26/2013
Decision Date:	11/07/2014	UR Denial Date:	04/27/2014
Priority:	Standard	Application Received:	05/09/2014

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 42-year-old male with a 7/26/13 date of injury. He was moving some heavy bags of dog food when he felt significant pain in his lower back, with radiation of pain into the left lower extremity. According to a 3/24/14 report, the patient had received 8 sessions of physical therapy, as well as medication. He had no pain management. He had undergone an MRI scan. The MRI scan of the lumbar spine demonstrates a disc protrusion at L3-4, L4-5, and L5-S1. Plain radiographs of the lumbar spine are unremarkable, except for some disc space narrowing at L5-S1. He has returned to modified work on a permanent basis. The provider has requested an epidural steroid injection with pain management and a lumbar support to alleviate pain and restrict motion, as patient has some instability and pain in his lower back. Objective findings: lumbar spine tenderness and muscle tightness in the left lower back, Lasegue test positive on the left, limited lumbar range of motion, neurological exam of the bilateral lower extremities demonstrate weakness in the ankle evertors on the left, consistent with an L4 radiculopathy. Diagnostic impression: degenerative disc protrusion, lumbar spine, disc protrusion, L3-4, with left-sided L4 radiculopathy. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 4/27/14 denied the requests for physical therapy, lumbar support, epidural steroid injection, and pain management consult. Regarding physical therapy, there is no documentation provided noting functional improvement from previous physical therapy treatment. Regarding lumbar support, this request is not supported as the guidelines only support the use of this device for acute injuries and the claimant's date of injury is nearly 9 months prior. Regarding epidural steroid injection with pain management consult, the formal MRI imaging report was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks, lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy; General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6 (page 114); Official Disability Guidelines (ODG) Low Back Chapter - Physical Therapy.

Decision rationale: 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. However, in the present case, it is noted that the patient has completed 8 sessions of physical therapy. Guidelines support up to 10 visits over 8 weeks for lumbar sprains and strains. An additional 12 sessions would exceed guideline recommendations. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. In addition, there is no documentation addressing why the patient has not been able to transition to an independent home exercise program at this time. Therefore, the request for Physical therapy 3 times a week for 4 weeks, lumbar was not medically necessary.

Lumbar support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Chapter 12 Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief, however, ODG states that lumbar supports are not recommended for prevention; as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP as a conservative option. However, in the present case, guidelines only support back braces in the acute phase of injury. In addition there is no evidence that the patient has instability or compression fractures. Therefore, the request for Lumbar support was not medically necessary.

Epidural steroid injection: Upheld

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

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

Decision rationale: 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. However, in the present case, although there is reference to an MRI report, the official report was not provided for review. In addition, there is no documentation of failure of conservative therapy. In addition, the specific nerve root for injection was not specified in this request. Therefore, the request for Epidural steroid injection was not medically necessary.

Pain management consult: 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 Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, Independent Medical Examinations and Consultations, page(s) 127, 156; Official Disability Guidelines (ODG) Pain Chapter - Office Visits.

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, in the present case, the provider has requested a pain management consult for an epidural steroid injection. Because the medical necessity for an epidural steroid injection has not been established, this associated request cannot be substantiated. Therefore, the request for Pain management consult was not medically necessary.