

Case Number:	CM14-0074393		
Date Assigned:	07/23/2014	Date of Injury:	01/18/2013
Decision Date:	08/28/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/22/2014

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 is licensed to practice in Nevada. 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 records presented for review indicate that this 40-year-old male was reportedly injured on January 18, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 25, 2014, indicates that there are ongoing complaints of low back pain but 70% improvement from a previous epidural steroid injection. The physical examination demonstrated improved lumbar spine range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes epidural steroid injections and physical therapy. A request had been made for a second epidural steroid injection and was not certified in the pre-authorization process on May 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection:Second Bilateral L4-L5 and L5-S1 Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines repeat epidural steroid injection should only be considered if an initial injection provided 50% pain

relief for at least 6 to 8 weeks. This request for a second injection was only made four weeks after the first injection. Considering this, this request for a second bilateral L4-L5 and L5-S1 epidural steroid injection is not medically necessary.

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

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC -Physical Therapy Guidelines for lumbar strain/sprain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: According to the attached medical record the injured employee has already participated in 18 sessions of physical therapy. There is no documentation about the efficacy of these prior sessions or justification for additional therapy. Without this information this request for physical therapy for the lumbar spine twice week for three weeks is not medically necessary.