

Case Number:	CM14-0081506		
Date Assigned:	07/18/2014	Date of Injury:	09/05/2013
Decision Date:	12/24/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/02/2014

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 Emergency Medicine 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:

Patient with reported date of injury on 9/5/2013. Mechanism of injury is described as occurring while walking and carrying a 10pound item. Diagnoses are listed as intervertebral disc disorder and lumbosacral radiculopathy. Medical reports reviewed. Last report available until 4/29/14. Patient complains of low back pain. Pain is 6-7/10, radiates down L lower extremity. Intermittent numbness and tingling to L foot and difficulty sleeping. Patient has minimal improvement after steroid injection. Objective exam reveals paraspinal pain mostly to L side with no spasms. Range of motion is decreased. Able to heel toe walk and able to squat. Straight leg raise causes low back pain. Lasegue and Fabere are negative. Strength is normal and neurologically intact. No sensory loss. Bilaterally decreased reflexes in both achilles and patellar. Procedure notes that nerve root injection was done on 4/23/14. Letter dated 5/1/14 reports that patient had 60-70% improvement in pain after epidural injection and request 2nd and 3rd injection. Letter also states that patient had 12 sessions of physical therapy and request an additional 12 sessions. This letter claims that patient has dysesthesia in L lower extremity at L5-S1 and loss of reflexes as well as the achilles tendon which not found on the physical exam by orthopedist on 4/29/14. There is no appropriate documentation of medications. No medication list was found and progress notes mention that patient is on Anaprox, Prilosec and Ultram ER. Patient had received 12 physical therapy sessions since seeing this provider and reports show that patient has had several other physical therapy sessions in the past. MRI of lumbar spine (9/25/13) reportedly revealed mild acquired on chronic congenital stenosis from L3-4 to L5-S1, severe R and moderate L neuroforaminal stenosis at L4-5, L5-S1 due to 3-5mm disc bulge. Independent Medical Review is for "additional physical therapy times 12 (unspecified body part)" and "#2 and #3 left epidural injection L4-5 and L5-S1". Prior UR on 5/27/14 recommended non-certification. Request for authorization was received on 5/13/14 and 5/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy times 12 (Unspecified body part): 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 Medicine Page(s): 98-99.

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented 12 prior physical therapy sessions. The provider has failed to document any improvement from prior sessions or rationale as to why additional physical therapy sessions are necessary and why home directed therapy and exercise cannot be done. Additional physical therapy is not medically necessary.

#2 and #3 (L) Epidural Injection L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections(ESI) Page(s): 46. Decision based on Non-MTUS Citation www.odgtwc.com/index.html?odgtwc/low_back.htm

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

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. Patient had a single LESI done and request is for additional 2nd and 3rd ESI procedures. Procedure was done on 4/23/14, letter requesting 2nd and 3rd injection is dated 5/1/14 and RFA is dated 5/13/14 and 5/15/14. In letter dated 5/1/14, it claims a 60-70% improvement in pain which is contradicted in progress note dated 4/29/14 that notes pain of 6-7/10 and the patient told that physician that pain improvement was mild to minimal at that point. 1) There is contradictory documentation of actual improvement in pain. The requesting physician's claim of 60-70% improvement in pain is also not appropriate and does not meet MTUS guideline requirement for documentation of objective functional improvement in pain. This criterion is not met. 2) MTUS guidelines recommend during therapeutic phase that after 1st injection, pain relief of over 50% should last for up to 8 weeks. The request and claim of improvement in pain was done barely 2 weeks after procedure. This criterion is not met. 3) MTUS does not recommend "series-of-three" injections and do not recommend more than 2 ESI injections. This criterion is not met. Additional lumbar epidural steroid injections are not medically necessary.

