

Case Number:	CM14-0082404		
Date Assigned:	07/23/2014	Date of Injury:	01/11/2001
Decision Date:	08/27/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/04/2014

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 Rehabilitation 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:

The injured worker is a 52-year-old female who reported an injury on 01/11/2001. The mechanism of injury was not provided in the medical records. The injured worker is diagnosed with lumbar degenerative disc disease. Her previous treatments included hand surgery, cholecystectomy, Norco, Robaxin, Motrin, previous epidural steroid injection, spine surgery, and physical therapy. On 05/15/2014, the injured worker was noted to report improvement of her back pain. Her physical examination revealed decreased sensation in the left lower extremity in the L4 and L5 distribution, specifically to the anterior lateral thigh and lateral calf. She was also noted to have an absent bilateral Achilles reflex and decreased motor strength to 4/5 in left knee flexion. The treatment included medication refills, bilateral L4 to L5 transforaminal epidural steroid injections as it was noted that she had more than 70% improvement for approximately 3 years following previous injection, and aquatic physical therapy. No rationale was provided for the requested aquatic therapy. The Request for Authorization was submitted for a transforaminal lumbar epidural steroid injection and aquatic physical therapy on 05/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Procedure Summary last updated 03/31/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: According to The California MTUS Guidelines repeat epidural steroid injections are based on continued objective improvement, and at least 50% pain relief with associated reduction of medication use for at least 6 to 8 weeks. The clinical information submitted for review indicated that the patient reported more than 70% relief of symptoms following a previous epidural steroid injection at an unspecified level for approximately 3 years. However, the documentation did not indicate that this previous injection resulted in decreased medication use and it was not noted that this injection had been provided at the bilateral L4-5 level. In addition, the treatment plan indicated that the recommendation was made for epidural steroid injection at the bilateral L4-5 level. However, the request, as submitted, failed to indicate the level or levels being requested, as well as the laterality. For the reasons noted above, the request for a transforaminal lumbar epidural injection is not medically necessary.

Aquatic physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: According to The California MTUS Guidelines aquatic therapy may be recommended as an alternate to land based therapy when reduced weight bearing exercise is desired. The clinical information submitted for review indicated that the patient had been treated with recent physical therapy following her hand surgery. However, documentation did not specify whether she has previously been treated with aquatic therapy. The documentation submitted for review failed to indicate which body part was being recommended for aquatic therapy and a rationale for reduced weight bearing exercise at this time. In the absence of further details regarding the request, and the need for reduced weight bearing exercise, the request is not supported. As such, the request is not medically necessary.