

Case Number:	CM14-0083921		
Date Assigned:	07/21/2014	Date of Injury:	07/24/2013
Decision Date:	10/24/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/05/2014

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 General Surgery, has a subspecialty in Surgical Critical Care, and is licensed to practice in Texas. 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 35-year-old injured on July 24, 2013. While driving, he was rear ended by another vehicle. Clinical note by a Qualified Medical Evaluator (QME), dated April 29, 2014, indicate the injured worker complains of persistent pain in the low back radiating down the leg. Electro-acupuncture, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, home exercise program, and medications have not worked well for the injured worker. Diagnoses include lumbosacral sprain/strain, lumbosacral myofascial pain syndrome and lumbosacral disc injury. It is noted the injured worker's primary treating physician recommended a lumbar epidural steroid injection (LESI) due to low back pain radiating down to legs and the QME agreed. Physical exam by the QME revealed decreased lumbosacral range of motion. Motor strength is 5/5 in the lower extremities. There was a myofascial trigger point in the lumbosacral paraspinal musculature. MRI of the lumbosacral spine, dated October 15, 2013, reveal congenital narrowing of the central canal with L5-S1 grade 1 anterolisthesis, L5 chronic fracture, 3-4 mm right-sided paracentral disk protrusion, osteophyte complex, annular fissure at L4-L5, and chronic disk degenerative disease with 2-3 mm disk protrusion. X-ray of the lumbar spine with flexion/extension revealed early L5-S1 spondylolisthesis. The previous utilization review on May 20, 2014 denied request for PM and R (Physical Medicine and Rehabilitation) consultation for LESI (Lumbar Epidural Steroid Injection) at L5-S1 and physical therapy, following LESI (Lumbar Epidural Steroid Injection), quantity 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical medicine and rehabilitation (PM&R) consultation for lumbar 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 American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2nd Edition, 2004 page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines ESI Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, ESI (therapeutic)

Decision rationale: This is a injured worker with chronic low back pain. The note from April 29, 2014 reveals the injured worker has spasm of the low back but remains neurologically intact. Motor strength is 5/5 bilaterally and sensation remains intact. No mention is made of the deep tendon reflexes. Both ACOEM/CAMTUS and ODG recommend ESI only when there are objective neurologic deficits. Therefore ESI is not medically necessary. Therefore, the request for a PM&R consultation for a lumbar SEI at L5-S1 is not medically necessary or appropriate.

Twelve sessions of physical therapy following lumbar epidural steroid injection (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back (updated 05/12/14) Physical Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Physical therapy

Decision rationale: The injured worker has been afforded multiple sessions of physical therapy and persistence is not medically necessary given the lack of functional gains. The injured worker has been referred to a physiatrist for possible ESI. The treatment plan as outlined on April 24, 2014 was to follow the ESI with 12 sessions of PT. ODG addresses this specifically for the low back and recommends only 2 sessions after an injections such as an ESI. Therefore given the previous physical therapy provided and the ODG recommendation, the request is far in excess of the short course anticipated. Therefore, the request for twelve sessions of physical therapy after the lumbar ESI is not medically necessary or appropriate.