

Case Number:	CM14-0086175		
Date Assigned:	07/23/2014	Date of Injury:	03/25/2013
Decision Date:	09/19/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/09/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 55-year-old female who reported an injury on 03/25/2013 due to unspecified cause of injury. The injured worker had a history of neck pain. The MRI dated 03/26/2013 of the lumbar spine revealed no acute fractures or dislocation, mild L4-5 disc degeneration. The past diagnostics included an electromyogram. The past treatment included physical therapy 8 sessions, medication and cervical facet injections. The medications included Lidoderm 5% patch, Celebrex 200 mg, Lyrica 50 mg, Valium 5 mg, Mobic 15 mg, Prilosec 20 mg, Ambien 10 mg. No VAS provided. The diagnoses included shoulder impingement, cervical spondylosis with myelopathy, and degenerative disc disease at the cervical, cervical stenosis, herniated disc cervical, lumbar degenerative disc disease and fibromyalgia. The objective findings dated 05/20/2014 to the lumbar spine revealed tenderness to palpation with tissue tension and texture, no spasms. The motor strength to upper and lower bilateral extremities were 5/5. The treatment plan included epidural steroid injection with sedation and preop visit with internist and additional physical therapy. The Request for Authorization dated 07/23/2014 was submitted with documentation. The rationale for the epidural steroid injection, the preop visit with internist and the additional physical therapy was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 and L5-S1 Transforaminal Epidural Steroid Injection with Sedation:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for bilateral L4-5 and L5-S1 Transforaminal Epidural Steroid injection is not medically necessary. The California MTUS guidelines recommend for an Epidural Steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDS and Muscle Relaxants. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The documentation provided did not indicate that the injured worker had failed conservative care. The injured worker had 9 sessions of physical therapy and physical therapy evaluation was vague and the reviewer was unable to make a determination. No VAS provided for the medications. Per the documentation provided, prior electromyogram indicated radiculitis; however, the electromyogram was not within the documentation to view. As such, the request is not medically necessary.

Additional Physical Therapy x8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for additional Physical Therapy x8 is non-certified. The California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical notes indicated that the injured worker had had 8-9 sessions of physical therapy. An additional 8 sessions that are being requested exceeds the recommended 9-10 sessions. No special circumstances warrant additional physical therapy. As such, the request is non-certified.

Pre-op visit with Internist or General practitioner procedure clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Pain, Preoperative testing, general.

Decision rationale: The request for Pre -op visit with Internist or general practitioner procedure clearance is not medically necessary. The Official Disability Guidelines indicate that patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. The clinical notes did not indicate the injured worker was high risk. As such, the request is not medically necessary.