

Case Number:	CM14-0096960		
Date Assigned:	07/28/2014	Date of Injury:	03/08/2012
Decision Date:	09/09/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/25/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 8, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; and opioid therapy. In a Utilization Review Report dated June 18, 2014, the claims administrator denied a request for an epidural steroid injection and partially certified a request for 12 sessions of physical therapy as three sessions of physical therapy. The claims administrator stated that the applicant did not have any concrete evidence of lumbar radiculopathy for which the epidural injection in question would have been indicated. The claims administrator also stated that the applicant had had at least nine sessions of physical therapy in 2012 without any documented improvement. In a summary of Utilization Review Report, the claims administrator stated that an earlier epidural steroid injection had been approved on January 8, 2013. The applicant's attorney appealed the denial/partial certification. On September 12, 2013, the applicant reported persistent complaints of low back pain radiating to the right leg. The applicant stated that he wanted to pursue lumbar spine surgery owing to his persistent pain complaints and reported inability to walk. The applicant was given refills of Flexeril, Tramadol, Naprosyn, and Protonix. The applicant was permanent and stationary and was not working with permanent limitations in place, it was acknowledged. On February 28, 2014, the applicant presented with complaints of low back pain radiating to the right leg. The applicant did have an active diagnosis of lumbar radiculopathy at the L4-L5 and L5-S1 levels, it was suggested. Multiple medications were refilled, including Lortab. Electrodiagnostic testing of the bilateral lower extremities dated March 25, 2011 was notable for absence of radiculopathy and nonspecific membrane irritability at L5-S1. On March 28, 2014, the applicant was described

as having persistent complaints of pain requiring usage of tramadol, Flexeril, and Lortab. Twelve sessions of physical therapy were endorsed. In a later note dated May 13, 2014, the applicant was again described as having persistent complaints of low back pain radiating to the right leg. Twelve sessions of physical therapy and epidural steroid injection therapy at L4-L5 and L5-S1 were sought. Multiple medications were refilled, including Norco and extended release tramadol. Permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection (ESI) of right L4-5 and the right L5-S1, H&P: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS page 46, Epidural Steroid Injections topic.2. MTUS 9792.20f Page(s): 46.

Decision rationale: The request in question seemingly represents a request for a repeat epidural steroid injection as the applicant had apparently had one prior epidural steroid injection at an earlier point during the course of the claim. According to the Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injections should be predicted on evidence of lasting analgesia and functional improvement achieved with earlier blocks. In this case, however, the applicant is off of work. Permanent work restrictions remain in place, unchanged, from visit to visit. The applicant remains highly reliant and highly dependent on opioid agents, including Lortab and Norco. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f following the earlier epidural injection. Therefore, the request for an ESI of the right L4-5 and the right L5-S1, H&P is not medically necessary or appropriate.

Twelve sessions of physical therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, Physical Medicine guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS page 99, Physical Medicine topic.2. MTUS page 8.3. MTUS 9792.20f Page(s): 99 8.

Decision rationale: The twelve session course of treatment, in and of itself, represents treatment in excess of the eight to ten session course recommended in the Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis present here. It is further noted that the Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant is off of work. Permanent work restrictions remain in place, unchanged, from visit to visit. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including opioid agents such as Lortab. All of the above,

taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f following completion of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for twelve sessions of physical therapy for the lumbar spine is not medically necessary or appropriate.