

Case Number:	CM14-0097299		
Date Assigned:	09/16/2014	Date of Injury:	02/07/2003
Decision Date:	10/15/2014	UR Denial Date:	06/19/2014
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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 58 year old female with a date of injury on 2/7/2003. Diagnoses include lumbago and sacroiliitis. Subjective complaints are of right side back pain into the right buttock and into the lower leg. Physical exam showed low back pain with extension, tenderness over the right iliac crest, numbness in the right foot, positive Faber test of the right, and negative straight leg raise bilaterally. Lumbar MRI from 2/28/2012 shows L5-S1 facet joint arthrosis. EMG/NCV from 2/4/2014 shows right L5/S1 radiculopathy. Prior treatment includes TENS, physical therapy, right sacroiliac joint infection, and medications. Submitted documentation indicates that the patient had a previous lumbar epidural on 3/11/2014 with good results that resolved leg pain. Medications are amitriptyline, ibuprofen, and blood pressure medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY 3 SESSIONS, 1 YEAR SELF DIRECTIONED AQUATIC THERAPY TO LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): PAGE 22, 99.

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

Decision rationale: CA MTUS recommends aquatic therapy as an alternative to land based therapy specifically if reduced weight bearing is desirable, for example extreme obesity. The ODG recommends aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For this patient, there is no evidence of extreme obesity or presented rationale why land based exercise or therapy was not sufficient. Therefore, the medical necessity of aquatic therapy is not established.

RIGHT SIDE L4-5, L5-S1 EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): PAGE 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines ESI Page(s): 46.

Decision rationale: CA MTUS notes that the purpose of epidural steroid injection (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Criteria for epidural steroid injections must show documented radiculopathy on physical exam and corroborated by imaging studies and/or electrodiagnostic testing. For therapeutic injections, repeat blocks should be based on continued objective pain relief and functional improvement, including at least 50% improvement for 6 to 8 weeks. For this patient, an epidural injection was performed on 3/11/2014, and an additional epidural was requested on 4/3/2014. Documentation does not identify the amount of improvement and sufficient time had not passed to assess the efficacy of this intervention. Furthermore, there is not objective evidence of radiculopathy on exam and corresponding evidence on imaging studies. Therefore, the medical necessity of an epidural steroid injection is not established.