

Case Number:	CM13-0034293		
Date Assigned:	12/06/2013	Date of Injury:	06/09/2008
Decision Date:	12/09/2015	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/14/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Illinois

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old female who reported an injury on 06/09/2008. The mechanism of injury was not stated in the provided medical records. The patient's symptoms are noted to include mid to low back pain, with radiation to her right lower extremity, and associated numbness and tingling. The patient's previous treatments were noted as physical therapy in 2006 which temporarily improved her symptoms. She had an MRI in 2009; however, the records were not provided for review. She denies having a previous EMG/NCS. She stated she saw a chiropractor in 2009 which initially improved her pain, a previous epidural steroid injection in 2011, which exacerbated her pain, and she is currently being managed with Tylenol No. 3 up to 8 tabs a day, Percocet 5/325 mg up to 6 a day, and Robaxin 750 mg 3 tabs a day. Physical exam findings related to the lumbar spine include normal deep tendon reflexes of the bilateral lower extremities, decreased motor strength at the right hip flexor and right TA, noted as -5/5, normal sensory exam, limited range of motion of the lumbar spine, palpable muscle spasm of the lumbar spine, and the patient requires a cane for ambulation. Her diagnoses are listed as lumbar sprain/strain with radiculopathy, right knee pain with history of arthroscopic surgery, multiple comorbidities such as fibromyalgia, diabetes, and rheumatoid arthritis, and sleep impairment. A recommendation was made for a series of 2 epidural steroid injections and 12 sessions of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: California MTUS Guidelines state that the criteria for epidural steroid injections states that radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants, injections should be performed using fluoroscopy guidance, and repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The patient was noted to have a diagnosis of lumbar sprain with symptoms of radiculopathy and significant objective findings consistent with radiculopathy; however, a lumbar MRI was noted to have been performed in 2009 but this report was not included in the medical records, and it is unknown what the results of this study revealed. It is also noted that the patient has not had electrodiagnostic testing. Additionally, the medical records submitted failed to show the patient's participation in recent conservative treatment including exercises and physical methods. Furthermore, the documentation indicates that the patient had exacerbation of her symptoms with a previous epidural steroid injection, and there is insufficient evidence of changes to subjective and objective findings which would provide an expectation of a different outcome to a repeat epidural steroid injection. With the absence of this documentation as required by the guidelines for epidural steroid injection, the request is not supported. Therefore, the request is not medically necessary.

Two (2) to unstated lumbar levels: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: California MTUS Guidelines state that the criteria for epidural steroid injections states that radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants, injections should be performed using fluoroscopy guidance, and repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The patient was noted to have a diagnosis of lumbar sprain with symptoms of radiculopathy and significant objective findings consistent with radiculopathy; however, a lumbar MRI was noted to have been performed in 2009 but this report

was not included in the medical records, and it is unknown what the results of this study showed, it is also noted that the patient has not had electrodiagnostic testing. Additionally, the medical records submitted failed to show an outcome to recent conservative treatment including exercises and physical methods. Furthermore, the documentation indicates that the patient had exacerbation of her symptoms with a previous epidural steroid injection, and there is insufficient evidence of changes to subjective and objective findings which would provide an expectation of a different outcome to a repeat epidural steroid injection. With the absence of this documentation as required by the guidelines for epidural steroid injection, the request is not supported. Therefore, the request is not medically necessary.

12 sessions of aquatic physical therapy (PT) for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: California MTUS Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy as this treatment can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. General Physical Medicine Guidelines, according to California MTUS, recommend physical therapy for the treatment of radiculitis as 8 to 10 visits over 4 weeks. As the request for aquatic therapy 12 sessions exceeds the guideline recommendation of a total of 8 to 10 visits over 4 weeks, the request is not supported. Additionally, there is a lack of documentation describing the patient's need for decreased weight-bearing exercises. For these reasons, the request is not medically necessary.