

Case Number:	CM14-0133775		
Date Assigned:	08/25/2014	Date of Injury:	08/22/2013
Decision Date:	02/25/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/18/2014

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. 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: New Jersey
 Certification(s)/Specialty: Family Practice

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 worker is a 32 year old male who was injured on 8/22/2013 in a cement truck accident, when the truck flipped over. He was diagnosed with lumbar disc displacement, lumbosacral neuritis, neck sprain, myalgia/myositis, spinal stenosis, and knee contusion. He was treated with physical therapy (18 sessions), medications, and acupuncture. On 7/16/14, the worker was seen by his treating physician reporting neck and low back pain, rating his pain up to 7/10 at times. He did not report any symptoms of pain, numbness, tingling, or weakness in his arms. However, he did report having relatively new symptoms of radiation of his low back pain involving his left leg and associated with numbness down the lateral left leg. He denied any right leg symptoms and also denied any leg weakness (right or left). He reported not having had any physical therapy up to that point. Physical findings of the lumbar area included tenderness around the L4 and L5 levels, mild decreased left Achilles tendon deep tendon reflex at 2/4, with right side at 2+/4, patellar tendon reflexes at 2/4 and symmetric. Muscle strength was normal, straight leg raise test was negative, and there was normal leg sensation throughout. The worker was then recommended continued physical therapy for his lumbar spine and an epidural injection at the left L4-5 and L5-S1 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5, L5-S1 transforaminal epidural steroid injection: 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 Epidural steroid injections Page(s): 46.

Decision rationale: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy for guidance, 4. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections, 5. no more than two nerve root levels should be injected using transforaminal blocks, 6. no more than one interlaminar level should be injected at one session, 7. in the therapeutic phase, 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, and 8. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, there was insufficient evidence from physical findings to clearly designate the L5 or S1 nerve roots being affected at the time of this request as there was no weakness or decreased sensation. Without these clear corroborative findings, it is difficult to justify an epidural injection, and it will be considered medically unnecessary for now.

(2) Physical therapy 1-2 times 6 weeks: Upheld

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

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

Decision rationale: Physical therapy in the form of passive therapy for the lower back is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back myalgia/myositis pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows

the ability to perform these exercises at home. The worker, in this case, he had completed multiple sessions of supervised physical therapy (as much as 18 sessions, based on the documents provided for review). There was not sufficient evidence to suggest the worker was unable to perform home exercises, which should have been learned by this point in time. Therefore, continual supervised physical therapy is not medically necessary and home exercises are indicated at this time.