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| Case Number: | CM14-0187219 | | |
| Date Assigned: | 11/17/2014 | Date of Injury: | 06/22/2012 |
| Decision Date: | 01/05/2015 | UR Denial Date: | 10/22/2014 |
| Priority: | Standard | Application Received: | 11/10/2014 |

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 Practice, 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 51 yr. old male claimant sustained a work injury on 6/22/12 involving the low back .He was diagnosed with lumbar radiculopathy. He had failed physical therapy, oral analgesics and muscle relaxants. A progress note on 9/15/14 indicated the claimant had progressive radicular pain. Exam findings were notable for reduced range of motion of the lumbar spine, muscle spasms and positive straight leg raise testing on the left side. The treating physician requested evaluation prior to a lumbar epidural steroid injection (LESI) and physical therapy post LESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation Prior To LESI By Treating Physician: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Evaluation and Management (E and M)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. Epidural Steroid Injections may provide short-term improvement for nerve root compression due to a herniated nucleus pulposis.

The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the request for an evaluation prior to LESI is not necessary since the LESI is not medically necessary.

(Post ESI) Physical Therapy 2 Times A Week for 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 based on Non-MTUS Citation ACOEM, 2nd Edition, (2004) Physical Therapy and pg 299

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. In this case, the claimant has already undergone an unknown amount of therapy in the past. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The request for (Post ESI) Physical Therapy 2 Times A Week for 6 Weeks is not medically necessary