

Case Number:	CM14-0190990		
Date Assigned:	11/24/2014	Date of Injury:	10/04/2013
Decision Date:	01/09/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/17/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

10/28/14 note reports left lumbar radicular symptoms. There are also headaches. Examination notes diffuse tenderness with spasm of the lumbar muscles. There is decreased strength in the left quadriceps, left tibialis anterior and left inversion. Also the left and right EHL and eversion is noted to be weak. There is decreased sensation in the left L4 to L1 dermatomes on the left.
10/9/14 PT evaluation noted chronic low back pain with radiation into left leg for about 1 year. Plan of care was for increased mobility, increase stability, and return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy (PT) sessions for the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical modalities Page(s): 174.

Decision rationale: The medical records indicate Physical Therapy evaluation for the lumbar spine with physical examination noting strength decrease and reduced ranged of motion. MTUS supports PT for identified deficits with goals of therapy. The medical records support the

presence of strength deficits for which PT may benefit the insured. Therefore, this request is medically necessary.

Three Epidural Steroid Injections, L5-S1 (left): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Epidural Steroid Injection (ESI), Criteria for the use of Epidural Steroid Injections.

Decision rationale: ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. Current research does not support a routine use of "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections for the initial phase and rarely more than 2 for therapeutic treatment. The medical records indicate physical findings consistent with radiculopathy. The sensory changes noted are not in a dermatomal pattern but there is no corroboration by neuroimaging and there is no support for series of 3 ESI. As such the medical records do not support the use of ESI congruent with ODG guidelines.