

Case Number:	CM14-0191166		
Date Assigned:	11/25/2014	Date of Injury:	09/10/2014
Decision Date:	01/20/2015	UR Denial Date:	11/07/2014
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 Physical Medicine & Rehabilitation 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:

This case involves a 55-year-old female with a 9/10/14 date of injury, when she injured her lower back due to repetitive movements. The patient was seen on 10/27/14 with complaints of severe lower right back pain, radiating down to the right leg and toes. Exam findings revealed antalgic gait, tenderness in the lumbar spine and limited and painful range of motion of the lumbar spine. The strength in the right hip flexor and right quadriceps were 4/5 and the strength in the right EHL was 3/5. The sensation was intact in the lower extremities. The diagnosis is low back pain with leg radiculopathy. MRI of the lumbar spine dated 6/6/14 revealed grade I degenerative spondylolisthesis of L4 and L5; L4-L5 facet hypertrophy and broad-based central; right paracentral disc protrusion, redundant disc annulus, slightly displacing the traversing right L5 nerve root within the subarticular recess, no central stenosis demonstrated; and L5-S1 broadly based generalized annular disc and a right foraminal disc protrusion in anteroposterior dimension with resultant compression of the exiting tight L5 nerve root, no central or subarticular recess stenosis. Treatment to date includes work restrictions and medications. An adverse determination was received on 11/7/14. The request for transforaminal epidural steroid injection, right L4-5 and L5-S1 one time was denied for a lack of documented course of conservative treatment. The request for Physical Therapy to the lumbar spine two times a week for six weeks was modified to 6 sessions to allow an initial trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection, right L4-5 and L5-S1 one time: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. However, there is a lack of documentation indicating that the patient underwent a course of conservative treatments. In addition, the physical examination did not reveal any sensory changes in the L4-L5 and L5-S1 nerve distributions. Therefore, this request is not medically necessary.

Physical therapy to the lumbar spine two times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan, based upon the patient's progress in meeting those goals. In addition, monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The patient complained of low back pain with radicular symptoms. On 11/7/14 the request for physical therapy (PT) to the lumbar spine two times a week for six weeks was modified to 6 sessions to allow an initial trial. However, it is not clear if the patient underwent the initial course of PT and lack of documentation indicating subjective and objective functional gains from an initial 6 sessions. Therefore, this request is not medically necessary.