

Case Number:	CM14-0193726		
Date Assigned:	12/01/2014	Date of Injury:	03/05/2014
Decision Date:	01/20/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/19/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for low back reportedly associated with an industrial injury of March 6, 2014. In a Utilization Review Report dated October 27, 2014, the claims administrator failed to approve a request for lumbar epidural steroid injection and 12 sessions of physical therapy for the lumbar spine. The claims administrator stated that the attending provider failed to outline the compelling evidence of radiculopathy and denied the request. The claims administrator also suggested that the applicant did transition to self-directed home physical medicine. The overall, report rationale was sparse to minimal, however. The claims administrator cited a September 25, 2014 progress note in its denial. In said September 25, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant denied "any lower extremity pain," it was acknowledged. Lower extremity motor and sensory function were intact. The applicant exhibited diminished lumbar range of motion with a normal gait. The attending provider stated that the applicant had a large central disk protrusion which severely compromised the thecal sac and compressed the cauda equina, causing severe spinal stenosis at L2-L3. Physical therapy was sought. The applicant was instructed to go to the emergency department if he develops any issues with bowel or bladder incontinence. A lumbar epidural injection was sought. The applicant's work status was not furnished. On June 26, 2014, the applicant reported persistent complaints of low back pain. The applicant stated that she consequently had to change positions. The applicant exhibited normal gait with limited lumbar range of motion. Motor function about the lower extremities was intact. The attending provider stated that the applicant's primary presenting complaint was that of severe low back pain. The applicant was placed off of work, on total temporary disability, while an epidural steroid injection and physical therapy were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L2-L3: Upheld

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

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

Decision rationale: While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that epidural steroid injections are recommended as an option for treatment of radicular pain, in this case, however, the applicant specifically denied any radicular symptoms on the office visit of September 25, 2014 on which the epidural steroid injection in question was sought. It was stated that the applicant denied "any lower extremity pain." An epidural steroid injection therapy, thus, is not indicated in the axial low back pain context reportedly present here. Therefore, the request is not medically necessary.

Physical therapy 2 times a week for 6 weeks for the lumbar spine: 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 topic, Functional Restoration Approach to Chronic Pain Management section, 979.

Decision rationale: The 12-session course of treatment proposed, in and of itself represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. It is further noted that page 80 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. Here, however, the applicant was seemingly off of work, on total temporary disability, despite having had prior unspecified amounts of physical therapy over the course of the claim, suggesting a lack of functional improvement as defined in MTUS 9792.20f with earlier treatment. Therefore, the request is not medically necessary.