

Case Number:	CM14-0197162		
Date Assigned:	12/05/2014	Date of Injury:	10/09/2012
Decision Date:	01/23/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency 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 injured worker is a 52 year-old male who was originally injured on 10/09/2012 when he sustained a direct blow to his left knee. He had suggestion for medial meniscus tear and micro fractures of the medial and lateral tibial plateau on MRI, and so underwent arthroscopy on 8/14/2014, but was found to have a normal internal knee joint. He continued to have knee pain. He was diagnosed with lumbar degenerative disc disease with intractable low back pain. On office visit on 10/22/2014, he was noted to have low back pain that radiated down the left leg. Physical exam demonstrated loss of muscle mass to the left leg, as well as weakness. Despite finishing physical therapy, he was still unable to walk without a crutch. He currently takes Oxycodone and ibuprofen for pain control. The treating physician requested physical therapy 2 times a week for 12 weeks total of 24 sessions, and Transforaminal lumbar epidural steroid injection to bilateral L4-5. The request was submitted for independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural Steroid Injection Bilateral L4-L5: Upheld

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

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

Decision rationale: Per the MTUS chronic pain guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain, with no more than 2 epidural steroid injections at a time. Steroid injections can offer short-term relief and are best combined with other rehab efforts, namely a home exercise program. Criteria for the use of epidural steroid injections includes a radiculopathy that is clearly documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The records submitted for review detail the level of pain and muscle wasting, but there is not clear documentation of physical exam findings or imaging/electrodiagnostic studies to support a radicular component that would benefit from epidural steroid injection. Therefore, the request as written for Transforaminal lumbar epidural steroid injection bilateral L4-L5 is not supported by the MTUS and is not medically necessary.

Physical Therapy 2 times a week for 12 weeks Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 8.

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

Decision rationale: Per the records available for review, the injured worker had already underwent multiple sessions of treatment with physical therapy, and the request for physical therapy 2 times a week for 12 weeks appears to be to continue that treatment. The MTUS guidelines for chronic pain suggest a role for active therapy to restore flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. This form of therapy may require supervision from a therapist, but there is an expectation that it is paired with a clear plan for self-directed active home therapy, with a fading of physical medicine treatment frequency. There has been no clear documentation of actual functional benefit or improvement of pain with the previous physical therapy sessions for this injured worker. The MTUS guidelines support up to 8-10 visits over 4 weeks. The request as written exceeds what is supported by the MTUS guidelines and is not medically necessary.