MAXIMUS Federal Services

Case Number:	CM14-0199775		
Date Assigned:	12/09/2014	Date of Injury:	03/26/2014
Decision Date:	01/23/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/26/2014

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 Internal 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 (IW) is a 38-year-old man with a date of injury of March 26, 2014. The mechanism of injury occurred as the IW was offloading pallets from an aircraft. As he was pulling on the pallet, he experienced the onset of pain in his lower back. The current diagnosis is lumbosacral strain with 6 mm L4 - L5 disc protrusion.According to documentation, in May of 2014, the IW was 75% improved, but with persistent midline pain. It was noted that he was on light. A progress note dated July 14, 2014 by the treating physician indicated the IW received PT to his back with little or no relief. There is no documentation referencing the physical therapy in the medical record. There is no documentation indicating how many physical therapy sessions were received.Pursuant to the progress note dated September 23, 2014, the IW complains of persistent low back pain, radiating to the right lower extremity in a right sciatic distribution. The IW has been participating in a home exercise program. Examination of the lumbar spine reveals discomfort with deep palpation about the midline. Straight leg raise test is positive on the right at 75 degrees in both sitting and supine positions. Muscle strength testing measures 5/5 in all tested motor groups. Sensation is intact to pinprick and light touch in all dermatomes. The IW is taking Naproxen for pain. The provider is recommending physical therapy at 2 times a week for 8 weeks (16 sessions), and a series of 3 lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 16 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Physical Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 16 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The guidelines enumerate the frequency and duration of physical therapy according to the specific diagnostic state. In this case, the injured worker's diagnosis was lumbosacral strain with 6 mm L4 - L5 disc protrusion. A progress note dated July 14, 2014 by the treating physician indicated the injured worker received physical therapy to his back with little or no relief. There is no documentation referencing the physical therapy in the medical record. There is no documentation indicating how many physical therapy sessions were rendered up to date. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker should be well versed in the exercises performed during physical therapy and continued during the home exercise program. Consequently, in the absence of prior physical therapy documentation, number of physical therapy sessions, and evidence of objective functional improvement, physical therapy 16 sessions is not medically necessary.

Lumbar Epidural Steroid Injection times 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections (ESIs) Page(s): 46.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injections lumbar times three are not medically necessary. The criteria for epidural steroid injections are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented, objective findings on examination need to be present, and radiculopathy must be corroborated by imaging studies and/or electric diagnostic testing; current research does not support a routine use of "series of three" injections in either the diagnostic or therapeutic phase. The guidelines recommend no more than two epidural steroid injections for the initial phase and rarely more than two for therapeutic treatment; etc. See guidelines for details. In this case, the injured worker is being treated for a lumbosacral spine strain with a 6 mm disc protrusion at L4 - L5. There is no documentation on physical examination of radiculopathy. There is no corroborating electrodiagnostic studies of radiculopathy. Additionally, a series of three epidural steroid injections are not currently supported according to the guidelines. Also, the lumbar levels to be injected are not documented in the request. Consequently, in the absence of clinical criteria

supporting the performance of an epidural steroid injection, a "series of three" injections and the lumbar levels to be injected, epidural steroid injections and lumbar spine times three are not medically necessary.