

Case Number:	CM14-0204240		
Date Assigned:	12/16/2014	Date of Injury:	03/01/2013
Decision Date:	02/06/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/05/2014

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, has a subspecialty in Occupational Medicine and is licensed to practice in Arizona. 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 60 year old male who got injured on 3/1/2013. The injured worker was in the course of his usual duties pulling on some defibrillator equipment when he felt some pulling in his back, he is currently being managed for thoracic and lumbar spine pain, as well as pain in his wrist and neck. He has had MRI, EMG/NCS. The EMG dated 9/23/2013 was positive for moderately severe left carpal tunnel syndrome and mild to moderate right carpal tunnel syndrome. He had left carpal tunnel release done 1/21/2014. MRI of the thoracic spine dated 4/17/13 revealed mild diffuse disc bulge at T10-11 without spinal canal or neural foraminal narrowing. At T12-L1 there is mild diffuse disc bulge causing mild spinal canal narrowing. Mild facet arthropathy contributes to mild bilateral neural foraminal narrowing at T12-L2 levels. L2-3 there is bilateral facet arthropathy with moderate to severe left and mild right foraminal stenosis, at L3-4 there is also bilateral facet arthropathy and severe bilateral foraminal stenosis, at L4-5 there is inter-body fusion with mild bilateral facet arthropathy and mild bilateral foraminal stenosis, at L5-S1 there is mild bilateral foraminal stenosis. He had thoracic epidural steroid injection 11/13/13 and had up to 3 months of pain relief. During his office visit on 9/10/2014 he reports constant pain in his lower back of up to 9/10 and constant pain in the right rib cage rated 8/10. His physical exam dated 9/10/2014 revealed mild para-spinal tenderness and spasms bilaterally, range of motion was within normal limit but was limited by pain and spasm, lumbar spine; moderate para-spinal tenderness, muscle guarding and spasms on the right. Myofascial point tenderness noted more so in the right para-spinal region, seated and supine straight leg raise testing is positive bilaterally, range of motion is mild to moderately limited due to pain and spasm. His diagnosis include but are not limited to Thoracic spine 4-5 mm disc protrusion T12-L1, thoracic 5mm disc protrusion T8-T9, carpal tunnel syndrome bilaterally, discogenic low back pain, discogenic cervical spine pain, s/p left carpal tunnel release. The request is for lumbar

epidural steroid with facet T11-L1 x2, UA, post -operative physical therapy three times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid with facet T11-L1 x 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

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

Decision rationale: Per MTUS, Epidural steroid injections are recommended as an option in the treatment of radicular pain, the purpose is to reduce pain and inflammation and facilitate progress in more active treatment programs. The treatment alone offers no significant long term functional benefit., injections should be performed under fluoroscopic guidance, no more than two nerve roots should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session, repeat blocks should be based on continued objective documented pain and functional improvement with general recommendation of no more than 4 blocks per year, Based on this guideline and the patients clinical picture the request for lumbar epidural steroid with facet T11-L1 x2 is medically necessary.

UA: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: Per MTUS drug testing is recommended as an option in the treatment of chronic pain using a urine drug screen to assess for the use or presence of illegal drugs, screening for risk of addiction and to avoid misuse/addiction, the injured worker has chronic pain and is under the care of multiple specialists and therefore it is prudent to perform urine toxicology on him as documented in his medical records, based on the guidelines and the injured workers clinical picture the request for Urine Analysis is medically necessary.

Post operative PT 3w3: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: Per the MTUS, as compared to no therapy up to 20 sessions over 12 weeks following disc herniation surgery was effective. Also physical therapy is recommended in combination with other therapies such as medications and epidural steroid injections, and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. MTUS recommends allowing for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. For Neuralgia, neuritis and radiculitis unspecified; 8-10 visits over 4 weeks is recommended, therefore the request for post-operative physical therapy 3 times a week for 3 weeks is medically necessary in the injured worker.