

Case Number:	CM14-0088024		
Date Assigned:	07/23/2014	Date of Injury:	03/25/2013
Decision Date:	03/24/2015	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old male, who sustained an industrial injury on March 25, 2013. The diagnoses have included spine/lumbar degenerative disease, thoracic/lumbar radiculopathy and lumbar spondylosis. Treatment to date has included epidural injection with 2 weeks of good relief, oral medications. Currently, the injured worker complains of lower back pain. In a progress note dated May 22, 2014, the treating provider reports range of motion is restricted in the lumbar spine lumbar facet loading is positive on both sides, straight leg raising test is positive on the left side in supine position. On June 2, 2014 Utilization Review non-certified a transforaminal lumbar ESI at the left L3-4 level times one.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar ESI at the left L3-4 level x 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ASIPP, ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

Decision rationale: Regarding the request for repeat Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on "continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks," with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is indication of previous epidural injection. A TFESI was performed at L3-4 on 4/10/14. However, there is a lack of documentation of specific functional improvement and reduction in medication use for at least six weeks. In fact, a follow up note indicates that the patient still has a poor functional level. Given this, the currently requested repeat lumbar epidural steroid injection is not medically necessary.

PT 2 x 3 following ESI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

Decision rationale: While the CA MTUS and ACOEM do have general principles and guidelines regarding PT for the lumbar spine, these guidelines do not directly address physical therapy following an epidural steroid injection or other spine injection procedure. Therefore, the ODG is referenced, which stipulates for lumbar "Post-injection treatment" 1-2 visits of PT over 1 week. This present request is in excess of this and the independent medical review process does not allow modification of requests. Furthermore, there is no summary of outcome of prior PT performed to date. Therefore, the request is not medically necessary.