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| Case Number: | CM15-0002798 | | |
| Date Assigned: | 01/13/2015 | Date of Injury: | 09/11/2009 |
| Decision Date: | 04/10/2015 | UR Denial Date: | 12/31/2014 |
| Priority: | Standard | Application Received: | 01/06/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 59 year old female with an industrial injury dated 09/11/2009. On 12/11/2014 she was seen for follow up with complaints of back pain radiating down both legs, left side worse than right. She found about 50% relief of her low back and left leg pain from the last epidural steroid injection performed a couple of months prior as well as several injections between 2009 and 2013. She rated pain as 6/10. The provider notes she has been paying out of pocket for her own physical therapy, which is helping. Physical exam revealed gait as intact and normal. Heel and toe walking was intact and normal. Straight leg raise was negative bilaterally. Diagnosis included chronic intractable axial low back pain, status post non-industrial lumbar 4-5 laminectomy, lumbar instability and discogenic pain. Prior treatment included lumbar fusion dated 06/02/2014, knee surgery, pain medications and epidural steroid injections. On 12/31/2014 Utilization review non - certified the request for 1 second bilateral transforaminal lumbar 3-4 epidural steroid injection citing MTUS. The request for 6 sessions of physical therapy was also non-certified. MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One second bilateral transforaminal L3-4 epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. Epidural Steroid Injections may provide short-term improvement for nerve root compression due to a herniated nucleus pulposus. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the claimant had received several injections over the past few years and most recently in the past few months. The request for additional lumbar epidural steroid injections is not medically necessary.

Six (6) sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: -Myalgia and myositis, unspecified 9-10 visits over 8 weeks-Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks-Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, additional therapy sessions are not medically necessary. In this case, the claimant has undergone an unknown amount of physical therapy sessions in the past year. There is no indication that exercises cannot be performed at home as the claimant has done previously for the knee. The request for additional sessions of therapy is not medically necessary.