

Case Number:	CM15-0007255		
Date Assigned:	01/22/2015	Date of Injury:	12/08/1999
Decision Date:	03/20/2015	UR Denial Date:	01/04/2015
Priority:	Standard	Application Received:	01/13/2015

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: Virginia
 Certification(s)/Specialty: Neurology

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 female, who sustained an industrial injury on 12/8/1999. Detail of the initial injury not available for review. The diagnoses have included lumbago, cervicgia, and status post cervical fusion as well as lumbosacral intervertebral disk degeneration. Treatment to date has included hot/cold pack, activity modification, physical therapy, and Anterior Cervical Discectomy and Fusion (ACDF). Currently, the IW complains of neck and low back pain rated 6/10. The evaluations indicated relief with current physical therapy, details not specified. Physical examination dated 10/15/2014, documented decreased cervical spine Range of Motion (ROM), complaints of neck symptoms radiating to intra-scapular area. Neurologic exam at this time included normal cranial nerve testing as well as normal reflexes bilaterally symmetric. Plan of care included continuation of physical therapy and radiographic imaging tests. On 1/4/2015 Utilization Review non-certified a left S1 injection under sedation, physical therapy twenty four (24) sessions for lower back and S1 pain, and pre-operative medical clearance, noting the documentation did not support the recommended indications for treatment per regulations. The MTUS and ODG Guidelines were cited. On 1/13/2015, the injured worker submitted an application for IMR for review of left S1 injection under sedation, physical therapy twenty four (24) sessions for lower back and S1 pain, and pre-operative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left S1 injection under sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low Back, Facet joint diagnostic blocks (injections)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section:Epidural Steroid injections Page(s): 48.

Decision rationale: Chronic pain medical treatment guidelines state specific criteria for the use of epidural steroid injections. The first criteria clarified in the guidelines states that a radiculopathy must be documented by physical examination and corroborated by neuro imaging studies and/or electrodiagnostic testing. The symptoms in question must be initially unresponsive to conservative treatment such as exercises and nonsteroidal anti-inflammatory medications. In the case of the injured worker detailed above, there is clinical documentation of low back pain but there is no specific clinical documentation of a symptom to suggest a diagnosis of a radiculopathy. The latest physical exam does not suggest a radiculopathy. There is no imaging or EMG testing to support a diagnosis of radiculopathy. Therefore, based on the guidelines and a review of the evidence, a request for a left S1 injection under sedation is not medically necessary.

Physical therapy 24 sessions for lower back and S1 pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 12th Edition (web), 2014, Low back, Physical therapy

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

Decision rationale: Chronic pain medical treatment guidelines states that passive physical therapy can provide short-term relief during the early phases of pain treatments that are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The use of active treatment modalities during physical therapy instead of passive treatments is associated with a substantially better clinical outcomes. In a large case series of patients with low back pain treated with physical therapy, those adhering to guidelines for active treatments incurred fewer treatment visits and had less pain and disability. In the case of the injured worker detailed above, there is no plan of therapy clarified for specific treatment plan for physical therapy to include goals, compliance, and success with treatment to date. Therefore, according to the guidelines and a review of the evidence, a decision for physical therapy-24 sessions for low back/S1 pain is not medically necessary.

Pre op Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 12th Edition (web), 2014, Low back, Facet joint diagnostic blocks (injections)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section: Epidural Steroid Injections Page(s): 48.

Decision rationale: Chronic pain medical treatment guidelines clarifies the criteria for treatment with epidural steroid injections giving specific criteria needed for this treatment. Specific criteria include the fact that a radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This injured worker has no documentation in the medical record to suggest a clinical diagnosis of a radiculopathy. The neurologic exam is normal and there is no documentation of neuroimaging or electrodiagnostic testing to reflect a diagnosis of radiculopathy. Therefore a treatment with an epidural steroid injection at the left S1 level is not medically necessary. Therefore, according to the guidelines and a review of the evidence, a decision for preoperative clearance for this procedure is not medically necessary.