

Case Number:	CM15-0008578		
Date Assigned:	01/26/2015	Date of Injury:	02/18/2009
Decision Date:	03/27/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/14/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old female who reported an injury on 02/18/2009. The mechanism of injury was hyperextension. Her diagnosis was noted as cervical and lumbar radicular pain and anxiety and depression associated with pain. Her past treatment was noted to include surgery, medication, physical therapy, and an epidural steroid injection. Her diagnostics were noted to include an MRI of the lumbar spine, performed on 05/19/2011. Her surgical history was noted as carpal tunnel release. During the assessment on 12/16/2014, the injured worker complained of chronic neck and low back pain. She rated her pain 10/10 and described the pain as constant, sharp, burning pain with radiation down both arms, alternating right and left with associated numbness and tingling. She indicated that the pain was made worse with cold weather and better with topical creams. The physical examination revealed limited range of motion. There was cervical spine flexion to approximately 10 degrees and extension to less than 5 degrees. The lumbar spine range of motion revealed flexion decreased to approximately 15 degrees and extension to less than 5 degrees. There was tenderness to palpation along the cervical spinous process, C4, C5, and C6, with radiation down the right arm. There was radiation upon palpation of the spinous process of L5-S1 with radiation down the right leg. There were positive straight leg raises bilaterally. Her medications were noted to include Celebrex 100 mg and nortriptyline 25 mg. The treatment plan was to request a C7-T1 interlaminar epidural steroid injections as well as an L5-S1 interlaminar epidural steroid injection for the injured worker's cervical and lumbar radicular pain. The rationale for the request was for

pain intervention for the injured worker's lumbar radicular pain. The Request for Authorization form was dated 12/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar epidural steroid injection at the L5-S1 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The request for outpatient lumbar epidural steroid injection at L5-S1 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, to be used in conjunction with other activities, when there is clear correlation of radiculopathy based on physical examination and diagnostic testing. Repeat injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication for the up of 6 to 8 weeks. The clinical documentation did not indicate that the previous epidural steroid injection provided at least 50% pain relief for at least 6 to 8 weeks. There was no documentation of a decreased need for pain medication at the last injection. There was no documentation of improved function after the last injection, such as increased activities of daily living or increased range of motion and motor strength. Additionally, there was no documentation that the injured worker was going to participate in and active treatment program after the proposed injected. Given the above, the request is not medically necessary.

Physical Therapy (6-sessions, 2 times a week for 3 weeks): Upheld

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.

Decision rationale: The request for physical therapy 6 sessions, 2 times per week for 3 weeks, is not medically necessary. The California MTUS Guidelines note active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend up to 10 visits over 8 weeks for myalgia and myositis, unspecified. There was a lack of information regarding whether or not the injured worker had benefitted from the past physical therapy visits or if there were any functional improvements made. Additionally, the number of completed physical therapy visits was not provided, making it difficult to determine if the request exceeds the guideline recommendations. Given the above, this request is not medically necessary.

