MAXIMUS Federal Services

Case Number:	CM15-0102259		
Date Assigned:	06/04/2015	Date of Injury:	11/13/2002
Decision Date:	07/03/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/27/2015

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: Massachusetts
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 61 year old male who sustained an industrial injury on 11/13/02. The injured worker was diagnosed as having lumbar scoliosis, moderate stenosis L4-5, back and right radicular pain, right hip pain, depression and chronic pain on Morphine. Currently, the injured worker was with complaints of pain in the back with radiation to the lower extremities. Previous treatments included medication management, use of a cane. The injured workers pain level was noted as 7-8/10 to a 10/10. Physical examination was notable for lumbar spine with mild tenderness and restricted motion, right hip with restricted range of motion, lower extremities with diminished reflexes. The plan of care was for selective nerve root blocks and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 set of selective nerve root blocks, bilaterally at L3-L4, L4-L5, and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Epidural steroid injections, diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections, diagnostic.

Decision rationale: The claimant sustained a work-related injury in November 2011 and continues to be treated for radiating low back pain. When seen, he had chronic pain since his injury. Pain was rated at 7-8/10. He was having difficulty walking due to pain, numbness, and weakness. There was an antalgic gait with use of a cane. There was decreased lumbar spine range of motion with tenderness. There was decreased lumbar spine and right hip range of motion. There was equivocal straight leg raising. A diagnostic epidural steroid injection (also referred to as selective nerve root blocks) were originally developed as a diagnostic technique to determine the level of radicular pain. Guidelines recommend that no more than 2 levels should be performed on one day. Criteria include cases where diagnostic imaging is ambiguous, to help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies, to help to determine pain generators when there is evidence of multi-level nerve root compression, to help to determine pain generators when clinical findings are consistent with radiculopathy but imaging studies are inconclusive, and to help to identify the origin of pain in patients who have had previous spinal surgery. In this case, authorization for injections at three levels bilaterally is being requested. The request is not medically necessary.

Unknown prescription of Medrol dosepak: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: The claimant sustained a work-related injury in November 2011 and continues to be treated for radiating low back pain. When seen, he had chronic pain since his injury. Pain was rated at 7-8/10. He was having difficulty walking due to pain, numbness, and weakness. There was an antalgic gait with use of a cane. There was decreased lumbar spine range of motion with tenderness. There was decreased lumbar spine and right hip range of motion. There was equivocal straight leg raising. Oral or intramuscular corticosteroids can be recommended in limited circumstances acute radicular pain Their use is not recommended for or chronic pain. In this case there was no new injury and the claimant was being treated for chronic low back pain and radiculopathy. Therefore, Medrol was not medically necessary.

12 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Physical medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in November 2011 and continues to be treated for radiating low back pain. When seen, he had chronic pain since his injury. Pain was rated at 7-8/10. He was having difficulty walking due to pain, numbness, and weakness. There was an antalgic gait with use of a cane. There was decreased lumbar spine range of motion with tenderness. There was decreased lumbar spine and right hip range of motion. There was equivocal straight leg raising. The claimant is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended. The request is not medically necessary.