

Case Number:	CM15-0107156		
Date Assigned:	06/11/2015	Date of Injury:	10/20/2006
Decision Date:	07/13/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/03/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49 year old male sustained an industrial injury to the neck, right hip and low back on 10/20/06. Previous treatment included magnetic resonance imaging, physical therapy, epidural steroid injections and medications. In a progress note dated 5/14/15, the injured worker complained of low back pain with radiation to bilateral thighs and groin. The injured worker stated that his pain had returned to baseline since undergoing his last epidural steroid injection on 12/3/14. The injured worker reported that the epidural steroid injection gave him better than 70-80% relief and lasted approximately 4-5 months. Physical exam was remarkable for tenderness to palpation over the lumbar spine paraspinal musculature, cervical spine paraspinal musculature and upper thoracic rhomboids, pain upon range of motion of the left cervical spine and pain upon palpation of the cervical facet joints. Current diagnoses included lumbar facet syndrome, lumbar disc injury with chronic discogenic pain and possible cervical facet mediated pain versus cervical strain. The treatment plan included physical therapy for the cervical spine and requesting authorization for L4-5 epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 L4-5 epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Epidural steroid injections (ESIs) therapeutic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one L4 - L5 epidural steroid injections are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electro diagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory and muscle relaxants); in the therapeutic phase, 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 6 to 8 weeks. Etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response etc. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbar facet syndrome; lumbar disc injury with chronic discogenic pain; and possible cervical facet mediated pain versus cervical strain. The date of injury is October 20, 2006. Request for authorization is May 15, 2015. A progress note dated May 14, 2015 shows the injured worker's last visit was December 3, 2014. The injured worker's chief complaint burning low back pain with stabbing pain that radiates to the anterior thighs. Objectively, there is tenderness palpation over the lumbar muscle groups, but there is no neurologic evaluation. There is no objective documentation of radiculopathy. Guideline recommendations for epidural steroid injections include radiculopathy must be documented by physical examination. There is no radiculopathy (objectively) present on physical examination. Consequently, absent clinical documentation with objective evidence of radiculopathy, a neurologic evaluation form during physical examination, one L4 - L5 epidural steroid injections are not medically necessary.

12 physical therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy #12 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional

factors should be noted. In this case, the injured worker's working diagnoses are lumbar facet syndrome; lumbar disc injury with chronic discogenic pain; and possible cervical facet mediated pain versus cervical strain. The date of injury is October 20, 2006. Request for authorization is May 15, 2015. A progress note dated May 14, 2015 shows the injured worker's last visit was December 3, 2014. The injured worker's chief complaint burning low back pain with stabbing pain that radiates to the anterior thighs. Objectively, there is tenderness palpation over the lumbar muscle groups, but there is no neurologic evaluation. There is no objective documentation of radiculopathy. There is no documentation indicating the injured worker received prior physical therapy. There were no physical therapy progress notes in the medical record. The guidelines allow for a six visit clinical trial prior to receiving and continuing additional physical therapy. If the injured worker has not received physical therapy, a six visit clinical trial is appropriate. If the injured worker received prior physical therapy, there are no compelling clinical facts in the medical record indicating additional physical therapy (over the recommended guidelines) is clinically indicated. The treating provider requested 12 physical therapy sessions in excess of the recommended six visit clinical trial (if no prior physical therapy). Consequently, absent clinical documentation prior physical therapy and guideline recommendations for a six visit clinical trial, physical therapy #12 sessions is not medically necessary.