

Case Number:	CM15-0141975		
Date Assigned:	07/31/2015	Date of Injury:	10/07/2009
Decision Date:	08/31/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/21/2015

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

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 46 year old female, who sustained an industrial injury on 10-7-09. She has reported initial complaints of a motor vehicle accident working as a bus driver with right shoulder, back and right lower leg pain. The diagnoses have included lumbago, thoracic lumbar neuritis and pain in the joint of the pelvis and thigh. Treatment to date has included medications, activity modifications, physical therapy, diagnostics, cane, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 5-15-15, the injured worker complains of low back, right hip and groin pain. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine and X-rays of the lumbar spine the diagnostic reports were not noted in the records. The current medications included Norco, Naproxen and Ambien. The objective findings reveal that there is a flare up of symptoms in the lumbosacral spine on the right side. There is a positive straight leg raise at 25 degrees with radicular symptoms, positive motor sensory in the right leg, unable to heel-toe walk and lumbar range of motion is very limited in all directions with pain. She ambulates with use of a cane. There is no previous therapy sessions noted in the records. The physician requested treatments included Post op Physical Therapy 3 times a week for 3 weeks to the Lumbar Spine and lumbar epidural steroid injection (ESI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESFI L5-S1 x1: Upheld

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

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

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. As such, the currently requested epidural steroid injection is not medically necessary.

Post op Physical Therapy 3x3 Lumbar Spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.