

Case Number:	CM15-0143491		
Date Assigned:	08/04/2015	Date of Injury:	01/16/2015
Decision Date:	09/01/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/23/2015

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:

This 33 year old man sustained an industrial injury on 1-16-2015 after lifting a 165 pound dummy during a training session. Evaluations include undated lumbar spine x-rays and lumbar spine MRI dated 4-19-2015. Diagnoses include lumbar disc herniation. Treatment has included oral medications, heating pad, cooling gel pack, TENS unit at home, traction table, and chiropractic care. Physician notes dated 5-22-2015 show complaints of low back pain rated 7 out of 10 with radiation to the right foot with tingling. Recommendations include an aggressive exercise program or spinal rehabilitation program, physical therapy, anti-inflammatory medication, and follow up in two weeks. A follow up report from the physician dated 6-11-2015 shows reports of physical therapy treatment without strengthening, rather just modalities with the same continued complaints. Additional recommendations include a repeat request for an aggressive exercise program and advancement from modalities, lumbar epidural injection, nerve root block, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection L5-S1 nerve root block right side L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back-lumbar and thoracic (acute and chronic) selective nerve root.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant sustained a work injury in January 2015 and continues to be treated for radiating back pain. Treatments have included medications, modalities, and chiropractic care. When seen, he was participating in physical therapy. He was having symptoms radiating into the right lower extremity. Physical examination findings included decreased spinal range of motion with positive straight leg raising. Imaging results are referenced as showing a right lateralized L4-5 disc radiation. Recommendations included a continued exercise program and a lumbar epidural steroid injection. Criteria for consideration of an epidural steroid injection include radiculopathy initially unresponsive to conservative treatments including exercises, physical methods, and medications. In this case, the claimant is currently undergoing an initial course of physical therapy. There are no physical examination findings of decreased lower extremity strength, sensation, or asymmetric reflex response that support a diagnosis of radiculopathy. The requested injection was not medically necessary.

Physical therapy 12 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 134, Chronic Pain Treatment Guidelines physical medicine guidelines.

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), physical therapy.

Decision rationale: The claimant sustained a work injury in January 2015 and continues to be treated for radiating back pain. Treatments have included medications, modalities, and chiropractic care. When seen, he was participating in physical therapy. He was having symptoms radiating into the right lower extremity. Physical examination findings included decreased spinal range of motion with positive straight leg raising. Imaging results are referenced as showing a right lateralized L4-5 disc radiation. Recommendations included a continued exercise program and a lumbar epidural steroid injection. Guidelines recommend up to 12 therapy treatment sessions over 8 weeks for the treatment of sciatica/lumbosacral neuritis. In this case, the claimant's injury was less than six months ago and he has not had prior physical therapy treatments. He remains symptomatic and has not returned to unrestricted work. The requested therapy treatments are medically necessary.