MAXIMUS Federal Services

Case Number:	CM15-0145775		
Date Assigned:	08/07/2015	Date of Injury:	08/06/2012
Decision Date:	09/22/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/28/2015

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, Hawaii
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 57 year old male who sustained an industrial injury on 8-6-12. The mechanism of injury was unclear. He currently complains of increased low back pain; neck pain. On physical exam there was decreased range of motion of the lumbar spine, left leg numbness and positive straight leg raise on the left with radiculopathy along the L5-S1 dermatome; cervical spine had decreased range of motion. Medications were Norco, Voltaren gel. Diagnoses include lumbago; chronic pain; cervicalgia. Treatments to date include medication with temporary relief. In the progress note dated 6-25-15 the treating provider's plan of care included the request for lumbar epidural steroid injection with facet L4-S1; pre-operative labs and urinalysis; post-operative physical therapy, low back, 3 times weekly for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection with Facet, L4-S1 (sacroiliac): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: The patient presents with neck pain with decreased ROM, lower back pain and pain that radiates down to the foot on the left. The current request is for lumbar ESI with facet, L4-S1 (sacroiliac). The treating physician states that the patient is to refill medications and referral back to [redacted] for ESI. The report requesting the injections was not found in the medical records provided. The MTUS guidelines state that epidural steroid injections are supported for patients with radiculopathy that is corroborated by diagnostic testing or imaging. Facet joint injections are not supported by the ODG guidelines for patients with radiculopathy and sacroiliac joint injections can be supported by the ODG guidelines with all required criteria met. In this case, the treating physician has requested an ESI concomitantly with a facet block and sacroiliac injection which is not supported by the MTUS or ODG guidelines and there is no documentation of radiculopathy that is corroborated with diagnostic imaging. The current request is not medically necessary.

Preoperative labs: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back chapter, Pre-operative testing.

Decision rationale: The patient presents with neck pain with decreased ROM, lower back pain and pain that radiates down to the foot on the left. The current request is for Preoperative labs. The treating physician states that the patient is to refill medications and referral back to [redacted] for ESI. The ODG guidelines state that low risk surgical procedures do not require pre-operative labs. In this case, there is no documentation of any high risk factors or any surgical procedures other that the denied lumbar ESI. There is no documentation supporting the current request. The current request is not medically necessary.

Preoperative Urinalysis (UA): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back chapter, Pre-operative testing.

Decision rationale: The patient presents with neck pain with decreased ROM, lower back pain and pain that radiates down to the foot on the left. The current request is for Preoperative urinalysis (UA). The treating physician states that the patient is to refill medications and referral back to [redacted] for ESI. The patient is currently prescribed Norco 140/325 po qid @120. There is no discussion of any previous urinalysis performed or prior results. The ODG guidelines state that low risk surgical procedures do not require pre-operative labs. In this case, there is no

documentation of any high risk factors or any surgical procedures other that the denied lumbar ESI. There is no documentation supporting the current request. The current request is not medically necessary.

Post operative Physical Therapy, Low Back, 3 times wkly for 4 wks, 12 sessions: 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 patient presents with neck pain with decreased ROM, lower back pain and pain that radiates down to the foot on the left. The current request is for Post operative physical therapy, low back 3x4 , 12 sessions. The treating physician states that the patient is to refill medications and referral back to [redacted] for ESI. The MTUS guidelines allow for 8-10 physical therapy sessions for myalgia or neuritis type conditions and then the patient is to transition to an independent home exercise program. The MTUS post-surgical guidelines do not apply as the patient has not had any surgery performed. In this case, the treating physician has requested 12 PT sessions which is not supported by the MTUS guidelines. The current request is not medically necessary.