

Case Number:	CM15-0180956		
Date Assigned:	09/22/2015	Date of Injury:	05/05/2015
Decision Date:	11/02/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/14/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

The injured worker is a 24 year old female who sustained an industrial injury May 5, 2015. Diagnoses are degeneration lumbar-lumbosacral; brachial neuritis-radiculitis; lumbago; cervicgia. According to a primary treating physician's progress report dated August 19, 2015, the injured worker presented with constant pain in her cervical spine, thoracic spine, and lumbar spine. She reports tingling to both arms and both legs. Current medication included Norco and Flexeril. She is requesting a cortisone injection and an ergonomic workstation. Objective findings included; cervical-motion decreased in all directions with pain, spasm bilateral trapezius, positive triggers, and sensory decreased bilaterally C6-7, right; thoracic-lumbar-motion decreased in all directions with pain; positive straight leg raise with radiculopathy along bilateral S1 dermatomes at 35 degrees; sensory decreased along L4 and S1 dermatomes; motor decreased bilaterally L5 dermatome. Assessment is documented as cervical spasm with radiculopathy bilateral shoulder and right hand with sensory changes, thoracic sprain; lumbar L4-S1 herniation 1-2mm radiculopathy bilateral S1 dermatomes with motor sensory changes to the legs. Physician documented; "may work with restrictions 8 hours a day with pull out tray for keyboard and headset for phone". At issue, is the request for authorization dated September 1, 2015, for lumbar epidural steroid injection L4-S1, lumbar facet joint injection L4-S1, and physical therapy 3 x 3, total 9 sessions, lumbar spine. An MRI of the lumbar spine dated July 20, 2015 (report present in the medical record) impression is documented as slight disc bulge at L4-5 and L5-S1 and up to minimal lower lumbar spine facet bony hypertrophic osteoarthritis, without stenosis or nerve root impingement. According to utilization review decision dated September 9, 2015, the request for lumbar facet injection L4-S1 is non-certified. The request for lumbar spine epidural steroid injection L4-S1 is non-certified. The request for post-injection

physical therapy sessions (3) times a week for (3) weeks, total (9) sessions for the lumbar spine was modified to (2) sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine epidural steroid injection L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement with at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks after prior injections. The submitted and reviewed records indicated the worker was experiencing pain throughout the back that went into the limbs with tingling and muscle spasms. There was no indication the worker's symptoms had failed conservative treatment or documentation of the radiculopathy outside of the examination findings. There also was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for epidural steroid injections at the unspecified sides of the L4 and L5 levels is not medically necessary.

Lumbar spine facet joint injection L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Activity Alteration, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References, and Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Activity, Work, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

Decision rationale: The ACOEM Guidelines do not support the use of facet injections in the treatment of acute or chronic neck, upper, or lower back pain. While some clinicians believe this treatment has some short-term benefit for those in the transition period between acute and chronic pain, there are no good studies to support this claim. The submitted and reviewed

documentation indicated the worker was experiencing pain throughout the back that went into the limbs with tingling and muscle spasms. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for facet joint injections at the unspecified sides of the L4 and L5 levels is not medically necessary.

Physical therapy 3 times a week for 3 weeks total 9 sessions, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted records indicated the worker was experiencing pain throughout the back that went into the limbs with tingling and muscle spasms. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program at or near the time of the request. In the absence of such evidence, the current request for nine physical therapy sessions done three times weekly for three weeks is not medically necessary.