

Case Number:	CM15-0181885		
Date Assigned:	09/23/2015	Date of Injury:	05/05/1989
Decision Date:	10/27/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/15/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 injured worker is a 72 year old male, who sustained an industrial injury on 05-05-1989. The injured worker was diagnosed as having lumbar degenerative disc disease, failed back surgery syndrome and spinal stenosis. Medical record dated 05-23-2015 the injured work complained of low back pain, described as dull and achy pain with a rated at 6-8 out of 10. Per documentation the injured worker has received multiple epidural steroid injections with good relief lasting 4 months. Positive straight leg raise was noted and positive facet loading in the lumbar area. Low back was noted to have a limited range of motion due to pain. On medical records dated 08-22-2015 and 08-04-2015, subjective complaints were noted as continuing to have low back pain, described as achy and dull. Objective findings were noted as pain not radiating to right leg and gait was noted as wide, positive tenderness in low back and decreased deep tendon reflexes were noted in bilateral knees. Progress notes were hand written and difficult to decipher. The injured worker underwent a right L4 and L5 selective nerve root block on 08-01-2015. MRI of lumbar spine from 10-030-2013 revealed multi-level degenerative disc disease of the lumbar spine with multi-level spinal canal and neural foraminal compromise, broad- based disc bulge at level L5-S1 with probable contact on the right exiting nerve root and clumped, thickened appearance of the cauda equina nerve roots at eh level of L3 and L4. Treatment to date included medication and epidural steroid injections. Current medication was listed as Discontinue Norco, Trazodone and Tramadol. The Utilization Review (UR) was dated 09-04-2015. A request for physical therapy 2 times week for 6 weeks and bilateral L5 transforaminal epidural steroid injection was submitted. The UR submitted for this medical review indicated that the request for physical therapy 2 times week for 6 weeks and bilateral L5 transforaminal epidural steroid injection, Qty 1 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times wkly for 6 wks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Physical Therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Guidelines state that physical therapy is recommended for short-term relief during the early phase of pain treatment. Patients are expected to continue active therapy at home in order to maintain improvement levels. Guidelines recommend 10 visits over 8 weeks for lumbar spine disorders. In this case, the patient has completed previous physical therapy sessions and there is no documentation of clinical gains achieved. The request for 2 x 6 physical therapy sessions is not medically necessary and appropriate.

Bilateral L5 Transforaminal Epidural Steroid Injection, Qty 1: 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: Guidelines recommend epidural injections as an option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The decision to perform repeat epidural steroid injections is based on objective pain and functional improvement, including at least 50% pain relief with reduction in pain medications for 6-8 weeks. In this case, there is limited evidence of ongoing neurological findings in the L5 distribution, dermatomal sensory changes, myotomal weakness and dermatomal pain in a lumbar distribution. The request for right L5 lumbar epidural steroid injection is not medically appropriate and necessary.