

Case Number:	CM15-0182210		
Date Assigned:	09/23/2015	Date of Injury:	06/12/2014
Decision Date:	10/27/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/16/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 55-year-old female who sustained an industrial injury on June 12, 2014. Diagnoses have included lumbar sprain, lumbar spinal stenosis, and muscle spasm. Documented treatment includes an unspecified number of chiropractic treatments, and medication for pain and muscle relaxants. She was approved for epidural steroid injections but the facility where it was scheduled was not approved. The progress note 8-26-2015 states she has not tried physical therapy. The injured worker continues to complain of low back pain which was rated as 7-8 out of 10 on 8-26-15 and stated that medication can bring levels down to 4. Pain was radiating down her left leg, and she reported muscle spasms, which are relieved by muscle relaxant medication. Examination noted that she walked with a normal gait, and had "normal reflex, sensory and power testing, with left L4 decrease in sensation." She had decreased range of motion by 25 percent, negative straight leg raises, positive lumbar tenderness, and there were muscle spasms noted in the paraspinal area. The treating physician's plan of care included a request for authorization submitted 8-27-15 for lumbar epidural steroid injections at L2-3 and L3-4 which were denied; 8 sessions of physical therapy for the lumbar spine which was modified to 2 sessions; and, purchase of an inferential unit which was denied. Determination was made on 9-2-15. She has not been working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection, L2-L3, L3-L4: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections (ESIs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural steroid injections at L2 L3 and L3 L4 are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory and muscle relaxants); in the therapeutic phase, 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbar strain; and lumbar spondylosis with spinal stenosis. Date of injury is June 12, 2014. Request for authorization is August 27, 2015. According to an August 26, 2015 progress note, subjectively the injured worker complains of ongoing low back pain. Objectively, there is lumbar tenderness to palpation spasm. According to the utilization review, the injured worker received an epidural steroid injection. The treating provider denies a prior epidural steroid injection. The documentation indicates the injured worker has not received physical therapy to date. The utilization review indicates the injured worker has 12 sessions of physical therapy. There are no physical therapy notes in the medical record. There is no documentation demonstrating objective(s) improvement. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. There is no documentation of an Interferential unit 30-day trial. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clear objective evidence of radiculopathy (other than decreased sensation left at L4) and no documentation of a prior epidural steroid injection (according to the injured worker and the utilization review) with objective functional improvement, lumbar epidural steroid injections at L2 - L3 and L3 - L4 are not medically necessary.

Physical Therapy, Lumbar Spine, 2 times wkly for 4 wks, 8 sessions: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy lumbar spine two times per week times four weeks (eight sessions) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar strain; and lumbar spondylosis with spinal stenosis. Date of injury is June 12, 2014. Request for authorization is August 27, 2015. According to an August 26, 2015 progress note, subjectively the injured worker complains of ongoing low back pain. Objectively, there is lumbar tenderness to palpation spasm. According to the utilization review, the injured worker received an epidural steroid injection. The treating provider denies a prior epidural steroid injection. The documentation indicates the injured worker has not received physical therapy to date. The utilization review indicates the injured worker has 12 sessions of physical therapy. There are no physical therapy notes in the medical record. There is no documentation demonstrating objective(s) improvement. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no prior documentation of physical therapy progress notes, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy (above the recommended guidelines) is clinically indicated, physical therapy lumbar spine two times per week times four weeks (eight sessions) is not medically necessary.

Interferential Unit, purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential (IF) unit.

Decision rationale: Pursuant to the Official Disability Guidelines, Interferential unit (IF), purchase is not medically necessary. IF is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor's study design and/or methodologic issues. The medical care provider for IF to be medically necessary should document the Patient Selection Criteria. These criteria include pain is ineffectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are lumbar strain; and lumbar spondylosis with spinal stenosis. Date of injury is June 12, 2014. Request for authorization

is August 27, 2015. According to an August 26, 2015 progress note, subjectively the injured worker complains of ongoing low back pain. Objectively, there is lumbar tenderness to palpation spasm. According to the utilization review, the injured worker received an epidural steroid injection. The treating provider denies a prior epidural steroid injection. The documentation indicates the injured worker has not received physical therapy to date. The utilization review indicates the injured worker has 12 sessions of physical therapy. There are no physical therapy notes in the medical record. There is no documentation demonstrating objective(s) improvement. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. There is no documentation indicating the treating provider requested a 30 day interferential unit (IF) trial. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, and no documentation of a 30 day IF unit trial, Interferential unit (IF), purchase is not medically necessary.