Case Number:	CM15-0182625		
Date Assigned:	09/23/2015	Date of Injury:	04/14/2010
Decision Date:	10/28/2015	UR Denial Date:	08/21/2015
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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational 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 45-year-old male who sustained an industrial injury on 04-14-2010. Records show that he was being treated for left elbow, left shoulder, cervical spine and lumbar spine pain. Treatment to date in regards to the elbow has included medications, physical therapy and surgery. Treatment to date of the lumbar spine has included medications, bracing and lumbar spine fusion on 02-17-2014. Diagnoses included disc herniation of the cervical spine at C5-6 level, impingement syndrome of the left shoulder with residual capsulitis status post arthroscopic surgery, medial epicondylitis of the left elbow with possible cubital tunnel syndrome, lumbar spine disc herniation at the L5-S1 level status post fusion at the L5-S1 level. On 07-28-2015, the injured worker underwent a diagnostic and operative arthroscopy of the left elbow with a chondroplasty radial head, partial synovectomy, and removal of loose bodies with intraarticular injection. According to a progress report dated 08-06-2015, the injured worker was seen in follow up eight days after left elbow surgery. He had not felt good for the past week. He reported neck and back pain and dizziness. He had also noticed blood in his stool. X-rays of the left elbow appeared normal. The provider noted that the elbow looked good with no signs of infections Pulses were strong in both arms at 80 beats per minute. He denied chest pain. The provider recommended that the injured worker go to the emergency department for evaluation of his symptoms. A sling was provided for support. According to a progress report dated 08-07-2015, the injured worker continued to report pain in his low back. Pain was present when standing, sitting and walking. The injured worker reported that the surgery in 2014 of the lumbar spine had not improved his low back all. He reported that his neck had radiating pain from the left elbow

surgery on 07-28-2015. Medications included Norco, Gabapentin, Omeprazole and Lidoderm patch. There was decreased motion 15-25 degrees in all directions with pain in the lumbar spine. Straight leg raise was positive bilaterally left greater than right at 45 degrees radic along L4 L5 dermatomes, decreased sensory bilaterally at L4 and L5, motor weakness left L5 and a well healed scar 15 centimeters with skin intact. Assessment included L4-5 herniation desiccation, tear, facet-hypert, radic bilateral legs, L3-4 annular tear and L5-S1 radic left leg status post fusion posterior lumbar interbody fusion in February 2014 pain worse. The treatment plan included L3-5 epidural steroid injection x 1 only. On 08-21-2015, Utilization Review non-certified the request for a lumbar epidural steroid injection at L3-5 and post-operative physical therapy 3 times a week for 3 weeks left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L3-5: 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: Per the MTUS Chronic Pain Guidelines (page 46), in order to warrant injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS criteria for epidural steroid injections also include unresponsiveness to conservative treatment (exercises, physical methods, and medications). The MTUS clearly states that the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Given the recommendations for epidural steroid injections as written in the MTUS guidelines, without evidence of current imaging (specifically post operatively as the patient had a PLIF) to support the request coupled with detailed exam findings, the request for epidural steroid injection cannot be considered medically necessary at this time.

Post operative Physical therapy 3 times a week for 3 weeks left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation, Physical Medicine, and Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

Decision rationale: The case involves a patient who has already had at least 12 sessions of physical therapy. Without clear indication for further visits to physical therapy, the request to non-certify the request with an opportunity to provide reasoning for further treatment (functional improvement and pain improvement) is reasonable, especially given the completion of 12 visits. In general, the guidelines indicate a time to produce effect of 4-6 treatments,

which provides a reasonable timeline by which to reassess the patient and ensure that education, counseling, and evaluation for functional improvement occur. At this time, based on the guidelines and provided records, the request is not medically necessary.