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| Case Number: | CM15-0184395 | | |
| Date Assigned: | 09/24/2015 | Date of Injury: | 04/26/2015 |
| Decision Date: | 10/30/2015 | UR Denial Date: | 09/04/2015 |
| Priority: | Standard | Application Received: | 09/18/2015 |

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:

This is a 52 year old male with a date of injury on 4-26-15. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain. Progress report dated 8-5-15 reports complaints of discomfort in the lumbar spine. Objective findings include: able to walk toe to heel, rhomberg test is negative, decreased lumbar range of motion, decreased right knee jerk, right brisk, decrease ankle jerk. Plan of care is to refer to pain management services for epidural and physical therapy to lumbar spine. X-rays reveal positive foraminal stenosis L5-S1 and MRI reveals positive disc protrusion with diagnosis of disc herniation lumbar spine with radiculopathy. Treatments include: medication, physical therapy and home exercise program. Request for authorization received on 8-31-15 was made for pain management services: epidural for lumbar and physical therapy for the lumbar spine 3 times a week for 4 weeks. Utilization review dated 9-4-15 non-certified physical therapy and modified to approve pain management consultation only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management services: epidural for lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and 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, pain management services: epidural for lumbar 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, nonsteroidal anti-inflammatory's 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. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are our generation lumbar/lumbosacral; sprain strain and lumbar region; and unspecified thoracic/ lumbar neuritis. The date of injury is April 26, 2015. Request for authorization is August 31, 2015. According to the physical therapy progress note dated June 11, 2015, the injured worker received prior physical therapy. The injured worker is engaged in a home exercise program. According to an August 3, 2015 progress note, subjective complaints include pain and discomfort at the lumbar spine. Objectively, the injured worker can heel-toe walk. Range of motion was decreased and there is positive straight leg raising. There is no clear-cut evidence of radiculopathy on physical examination. Although the injured worker may be clinically indicated for a pain management consultation, there are no clinical objective neurologic findings to support an epidural steroid injection. Additionally, a pain management consultation may be clinically indicated, but the epidural steroid injection should be left to the pain management provider after an evaluation. Based on clinical information in the medical record and are peer-reviewed evidence-based guidelines, pain management services: epidural for lumbar is not medically necessary.

Physical therapy for the lumbar spine 3x a week for 4 weeks: 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 three times per week times four weeks 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 generation lumbar/lumbosacral; sprain strain and lumbar region; and unspecified thoracic/lumbar neuritis. The date of injury is April 26, 2015. Request for authorization is August 31, 2015. According to the physical therapy progress note dated June 11, 2015, the injured worker received prior physical therapy. The injured worker is engaged in a home exercise program. According to an August 3, 2015 progress note, subjective complaints include pain and discomfort at the lumbar spine. Objectively, the injured worker can heel-toe walk. Range of motion was decreased and there is positive straight leg raising. There is no clear-cut evidence of radiculopathy on physical examination. Although the injured worker may be clinically indicated for a pain management consultation, there are no clinical objective neurologic findings to support an epidural steroid injection. As noted above, the injured worker is engaged in a home exercise program and received prior physical therapy. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines as we indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, history of prior physical therapy and no compelling clinical facts indicating additional physical therapy is warranted, physical therapy lumbar spine three times per week times four weeks is not medically necessary.