

Case Number:	CM15-0184974		
Date Assigned:	09/25/2015	Date of Injury:	10/28/2011
Decision Date:	11/02/2015	UR Denial Date:	08/15/2015
Priority:	Standard	Application Received:	09/21/2015

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: Texas, Florida, California

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-work injury on 10-28-11. He reported initial complaints of sudden low back pain. The injured worker was diagnosed as having persistent left lumbar radiculopathy, status post 2 prior lumbar decompressions at the L4-5 level. Treatment to date has included medication, surgery (L4-5 hemi-laminectomy with partial facetectomy at the L4-5 in 4-2013), back brace, transcutaneous electrical nerve stimulation (TENS) unit, diagnostics, and physical therapy. MRI results were reported on 9-7-12 of the lumbar spine demonstrated mild facet degenerative change at L4-5 with mild disc height loss, mild posterior disc bulge with a superimposed left paracentral annular tear and small associated left paracentral-foraminal protrusion, and left lateral recess and foraminal stenosis. Currently, the injured worker complains of persistent low back pain rated 7 out of 10 that radiated to the lower extremities, left worse than right. Walking was limited to 5 minutes. Medication included Tramadol ER. Per the primary physician's progress report (PR-2) on 7-20-15, exam noted tenderness, restricted motion, positive straight leg raise bilaterally, and muscle spasm. The Request for Authorization requested service to include 12 Sessions of Physical therapy with Epidural Injection lumbar spine. The Utilization Review on 8-15-15 denied the request for 12 Sessions of Physical therapy with Epidural Injection lumbar spine, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Physical therapy with Epidural Injection 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): Epidural steroid injections (ESIs), Physical Medicine.

Decision rationale: This claimant was injured four years ago with back pain. The patient is post back surgeries. MRI showed degenerative changes and protrusion. There is persistent back pain. Disc herniation is not noted. The California Medical Treatment Utilization Schedule notes: 9792.24.2. Chronic pain Medical Treatment Guidelines Epidural steroid injections (ESIs) Criteria for the use of epidural steroid injections: Note: The purpose of epidural steroid injection was 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. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block was not recommended if there was inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current researches do not support "series-of-three" injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 epidural steroid injection injections. The case does not meet the requisite criteria for radiculopathy for an epidural steroid injection. Radiculopathy must be documented. Objective findings on examination need to be present. AMA criteria for radiculopathy are not met (See reference criteria). Regarding therapy, the MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. In addition, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite:- Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status,

home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. Both requests for the therapy and the Norco were appropriately not medically necessary.