

Case Number:	CM15-0184990		
Date Assigned:	09/25/2015	Date of Injury:	04/20/2012
Decision Date:	11/03/2015	UR Denial Date:	08/24/2015
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: 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 51year old female, who sustained an industrial injury on 4-20-2012. The injured worker is undergoing treatment for: cervical radiculopathy, cervical spinal stenosis, chronic pain, lumbar radiculopathy, and left knee pain. On 7-24-15, she reported neck pain with radiation into the left upper extremity down to the hand and associated tingling. She rated her pain with medications 2 out of 10 and without medications 7 out of 10. She indicated her pain to have improved since her last visit. Her activities of daily living are reported as limited in ambulation and sleep. Physical examination revealed tenderness and limited range of motion in the neck, tenderness and limited range of motion in the low back along with decreased strength in the bilateral lower extremities. A previous transforaminal epidural steroid injection is reported to have helped for 10 months (date not documented) and "helped" is not defined in the documentation. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the lumbar spine (3-19-15) revealed disc protrusion at L5-S1, L4-5, L3-4, T12-L1 and L1-2, magnetic resonance imaging of the right elbow (4-1-15), magnetic resonance imaging of the cervical spine (4-8-15), completed 4 weeks of physical therapy with reported improved pain control and functional improvement, cervical epidural steroid injection (10-30-14) gave a reported 50-80 percent improvement and "good functional improvement" in sleep and decreased pain, and a home exercise program. Medications have included: Nalfon, Cyclobenzaprine, and Ondansetron. Current work status: unclear. The request for authorization is for: physical therapy one to two per week for four weeks (1-2 times 4); and left L4-L5, L5-S1 transforaminal block with fluoroscopy. The UR dated 8-24-2015: non-certified the requests for physical therapy one to

two per week for four weeks (1-2 times 4); and left L4-L5, L5-S1 transforaminal block with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 1-2 times wkly for 4 wks, 4-8 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 rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. In this case, per the available documentation, the injured worker has completed 4 weeks of physical therapy with reported improved pain control and functional improvement. The records do not specify how many sessions were completed in the 4 weeks or what the objective functional benefits were. It is unclear, from the available documentation why more sessions are being requested for the injured worker. It is reasonable to assume that after 4 weeks of formal therapy, the injured worker would be able to continue with a home-based, self-directed exercise program. The request for physical therapy, 1-2 times wkly for 4 wks, 4-8 sessions is not medically necessary.

Left Lumbar (L4-L5, L5-S1 sacroiliac), Transforaminal Block with Fluoroscopy: 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: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment. 3) Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block. 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. 8) No more than 2 ESI injections. In this case, the injured worker has received previous left lumbar ESIs without documentation of quantifiable pain relief and objective descriptions of functional improvement, therefore, the request for left lumbar (L4-L5, L5-S1 sacroiliac), transforaminal block with fluoroscopy is not medically necessary.