

Case Number:	CM15-0184998		
Date Assigned:	09/25/2015	Date of Injury:	06/16/2014
Decision Date:	11/02/2015	UR Denial Date:	09/09/2015
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: Emergency 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 male who sustained an industrial injury on June 6, 2014. His date of birth varied between provided medical records. Diagnoses have included lumbar disc disorder with myelopathy, lumbar sprain, and foot contusion. An MRI performed on the low back on 7-11-2015 cited disc protrusions at L4-5 and L5-S1 "without evidence of stenosis or neuroforaminal narrowing," and the physician's note of 7-13-2015 states there was no nerve compression and results were the same as a previous MRI. Documented treatment includes rest, work restrictions, and Ibuprofen reported as offering relief. There are no other treatments discussed in the provided documentation except current physical therapy of which, as of the 8-24-2015 visit, he had attended 2 out of 8 approved sessions. The physician noted that there had not yet been improvement resulting from the two treatments. At that visit, he was still reporting low back pain radiating down his left leg with numbness on the "outside of the foot." On 7-13-2015, the physician noted weakness on plantar flexion, spasm, and negative straight leg raises. Pain at a subsequent physical therapy visit dated 8-31-2015 characterized his pain as rated at 7-8 out of 10, and that it was aching, sharp, and there was numbness and tingling becoming worse with bending, lifting and with prolonged sitting or standing. He reported being limited with walking, using stairs, performing household chores, and driving. The treating physician's plan of care includes a request for authorization on 8-24-2015 for a left lumbar selective nerve root block injection at L3 under fluoroscopy, and 8 sessions of post-injection physical therapy, both which were denied on 9-9-2015. The injured worker has continued working light duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar selective nerve root block injection at L3 under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Low Back, Selective or Diagnostic epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The requested Left lumbar selective nerve root block injection at L3 under fluoroscopy, is not medically necessary. California's Division of Workers' Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials. An MRI performed on the low back on 7-11-2015 cited disc protrusions at L4-5 and L5-S1 "without evidence of stenosis or neuroforaminal narrowing," and the physician's note of 7-13-2015 states there was no nerve compression and results were the same as a previous MRI. Documented treatment includes rest, work restrictions, and Ibuprofen reported as offering relief. There are no other treatments discussed in the provided documentation except current physical therapy of which, as of the 8-24-2015 visit, he had attended 2 out of 8 approved sessions. The physician noted that there had not yet been improvement resulting from the two treatments. At that visit, he was still reporting low back pain radiating down his left leg with numbness on the "outside of the foot." On 7-13-2015, the physician noted weakness on plantar flexion, spasm, and negative straight leg raises. Pain at a subsequent physical therapy visit dated 8-31-2015 characterized his pain as rated at 7-8 out of 10, and that it was aching, sharp, and there was numbness and tingling becoming worse with bending, lifting and with prolonged sitting or standing. The treating physician has not documented diagnostic confirmation of radiculopathy. The criteria noted above not having been met, Left lumbar selective nerve root block injection at L3 under fluoroscopy is not medically necessary.

Post injection physical therapy, twice a week for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Physical therapy.

Decision rationale: The requested Post injection physical therapy, twice a week for four weeks, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99, recommend continued physical therapy with documented

objective evidence of derived functional improvement. Official Disability Guidelines, Low Back, Physical therapy, recommend up to 2 post-injection physical therapy sessions. An MRI performed on the low back on 7-11-2015 cited disc protrusions at L4-5 and L5-S1 "without evidence of stenosis or neuroforaminal narrowing," and the physician's note of 7-13-2015 states there was no nerve compression and results were the same as a previous MRI. Documented treatment includes rest, work restrictions, and Ibuprofen reported as offering relief. There are no other treatments discussed in the provided documentation except current physical therapy of which, as of the 8-24-2015 visit, he had attended 2 out of 8 approved sessions. The physician noted that there had not yet been improvement resulting from the two treatments. At that visit, he was still reporting low back pain radiating down his left leg with numbness on the "outside of the foot." On 7-13-2015, the physician noted weakness on plantar flexion, spasm, and negative straight leg raises. Pain at a subsequent physical therapy visit dated 8-31-2015 characterized his pain as rated at 7-8 out of 10, and that it was aching, sharp, and there was numbness and tingling becoming worse with bending, lifting and with prolonged sitting or standing. The treating physician has not documented the medical necessity for more than the guideline recommended two post-injection physical therapy sessions. The criteria noted above not having been met, Post injection physical therapy, twice a week for four weeks is not medically necessary.