

Case Number:	CM15-0185599		
Date Assigned:	09/25/2015	Date of Injury:	09/18/2014
Decision Date:	11/02/2015	UR Denial Date:	08/26/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old female, who sustained an industrial injury on 9-18-14. The injured worker is being treated for lumbar disc degeneration. (MRI) magnetic resonance imaging of lumbar spine revealed annular bulge, facet arthrosis, right greater than left at L2-3 and bulge as well as fissure at L3-5 and L4-5. Treatment to date has included lumbar transforaminal epidural steroid injection (3-27-15), chiropractic treatment, acupuncture and physical therapy. On 6-18-15, the injured worker complains of low back pain rated 7 out of 10, described as dull and burning and it is worse on the right side. Physical exam performed on 6-18-15 revealed tenderness to palpation in the right lumbar paraspinal muscles and tenderness in the right lumbar facet joints; positive straight leg raising is also noted on the right side with pain shooting down right leg. The treatment plan included right lumbar epidural steroid injection and 6 sessions of aqua therapy. On 8-26-15 request for right lumbar epidural steroid injection and 6 sessions of aqua therapy were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 1xwk x 8wks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p 87.

Decision rationale: The claimant sustained a work injury in September 2014 and continues to be treated for chronic back pain with radiating right-sided symptoms. In February 2015 authorization for a two level right-sided lumbar transforaminal epidural injection was requested and was apparently approved. At that time physical examination findings included right lumbar paraspinal muscle and facet joint tenderness and pain with lumbar extension. Straight leg raising produced back and buttock pain. There was a normal neurological examination. She underwent the procedure in March 2015 with a reported 60-70% degree of pain relief lasting for up to two months. In April 2015 a repeat injection was requested and apparently was approved in error on the left side. When seen in June 2015, she was having right-sided back pain rated at 7/10. There was right lumbar paraspinal and facet tenderness with normal range of motion. Straight leg raising was positive on the right side, now with shooting pain into the right leg. The neurological examination was again normal. Her body mass index is over 28. Authorization for aquatic therapy and a repeat transforaminal epidural steroid injection are being requested. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is noted to be obese and has back pain and facet arthropathy. A trial of pool therapy would likely be appropriate. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. The request is not medically necessary.

Transforaminal epidural injection for the right L2-L3 and L3-L4: Overturned

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: The claimant sustained a work injury in September 2014 and continues to be treated for chronic back pain with radiating right-sided symptoms. In February 2015 authorization for a two level right-sided lumbar transforaminal epidural injection was requested and was apparently approved. At that time physical examination findings included right lumbar paraspinal muscle and facet joint tenderness and pain with lumbar extension. Straight leg raising produced back and buttock pain. There was a normal neurological examination. She underwent

the procedure in March 2015 with a reported 60-70% degree of pain relief lasting for up to two months. In April 2015 a repeat injection was requested and apparently was approved in error on the left side. When seen in June 2015, she was having right-sided back pain rated at 7/10. There was right lumbar paraspinal and facet tenderness with normal range of motion. Straight leg raising was positive on the right side, now with shooting pain into the right leg. The neurological examination was again normal. Her body mass index is over 28. Authorization for aquatic therapy and a repeat transforaminal epidural steroid injection are being requested. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than four blocks per region per year. In this case, the injection performed in March was approved when the claimant was having similar symptoms with a nearly identical examination other than now she is having radicular pain rather than back pain with right straight leg raising. For these reasons, the requested epidural injections are medically necessary.