

Case Number:	CM15-0188163		
Date Assigned:	09/30/2015	Date of Injury:	05/01/2014
Decision Date:	11/09/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/24/2015

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 48 year old male, who sustained an industrial injury on 5-1-2014. The injured worker is undergoing treatment for: lumbar spine disc degeneration, facet arthropathy. On 5-19-15, he is reported to have improved with an epidural steroid injection (ESI) given on 4-9-15, "but not as much as we would like him to". On 6-30-15, he reported that his low back pain was better. He also reported pain to the bilateral knees, neck and right lower extremity with numbness and pain. The provider noted wanting to try physical therapy. On 8-20-15, he reported low back pain with pain in the right lower extremity. An AME is reported to have placed him on permanent disability. Physical findings revealed tenderness to the lumbar spine, decreased cadence and stride length, decreased lumbar range of motion, and positive straight leg raise for sciatic notch pain. The records do not discuss the efficacy of the physical therapy already completed. The treatment and diagnostic testing to date has included: a lumbar epidural steroid injection (ESI) (4-9-15) is noted to have not helped, AME (date unclear), multiple sessions of physical therapy following the 4-9-15 ESI, magnetic resonance imaging of the lumbar spine (5-12-15), electrodiagnostic studies of the bilateral lower extremities(2-7-15). Medications have included: Norco, Tramadol. Current work status: permanent disability. The request for authorization is for: lumbar epidural steroid injection at L4-5, post-injection physical therapy two times a week for 4 weeks. The UR dated 9-16-2015: non-certified the request for lumbar epidural steroid injection at L4-5, post-injection physical therapy two times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumber epidural steroid injection at L4-5 under 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: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Goal of ESI: ESI has no long-term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI except to "calm things down". There is no long-term plan. Fails criteria. 2) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts documented. Pt has only been noted to have undergone physical therapy. No other conservative measures include 1st line medications for claimed radicular pain has been attempted. Fails criteria. 3) Radiculopathy as defined by MTUS guidelines. Documentation fails to document appropriate neurological findings supported by imaging and electrodiagnostic criteria for radiculopathy. Patient has MRI with disc bulges but exam fails to document findings consistent with radiculopathy as defined by MTUS guidelines. Fails criteria. 4) Patient had a reported LESI in the past done on 4/9/15. MTUS guidelines recommend during therapeutic phase that after 1st injection, pain relief of over 50% should last for up to 6-8 weeks. There is no documentation of improvement with prior reported LESI. Fails criteria. Patient fails multiple criteria for lumbar epidural steroid injection. Lumbar epidural steroid injection is not medically necessary.

Post injection physical therapy 2 X 4: 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: AS per MTUS Chronic pain guideline, physical therapy may be beneficial for acute injuries. This request is for post injection but in UR and this review, injection request was denied. Patient had reportedly complete 8 prior PT sessions with no documentation of any benefit. Without documentation of any objective benefit from prior PT, additional PT cannot be approved. Additional physical therapy is not medically necessary.