MAXIMUS Federal Services

Case Number:	CM15-0190040		
Date Assigned:	10/02/2015	Date of Injury:	10/05/2009
Decision Date:	11/09/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/28/2015

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:

This is a 60 year old male who sustained an industrial injury on 10-5-2009. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar instability L3-4, facet arthropathy L3-4 and grade I spondylolisthesis L3-4. According to the progress report dated 6-13-2015, the injured worker complained of back pain, which was improved since injection. Per the treating physician (6-13-2015), the injured worker was working regular job duties without restrictions. The physical exam (6-13-2015) revealed lumbar paraspinous muscle spasm and tenderness to palpation. Treatment has included bilateral transforaminal epidural steroid injection bilateral L3-4, facet injections and medication. The physician noted (6-13-2015) that magnetic resonance imaging (MRI) report stated L3-4 mild bilateral neuroforaminal narrowing and L4-5 mild, bilateral neuroforaminal narrowing. The original Utilization Review (UR) (9-16-2015) denied requests for bilateral transforaminal epidural steroid injection L4-5, L5-S1 with Mac lumbar nerve root block and physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 and L5-S1 transforaminal epidural injections: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Section: Low Back - Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: The claimant has a cumulative trauma work injury with date of injury in October 2009 and is being treated for chronic back pain with radiculopathy and facet syndrome. In April 2015 bilateral L3/4 transforaminal epidural injections were done. Monitored anesthesia care was used and reported as needed due to anxiety, low pain tolerance, and the possibility of hemodynamic instability. In May 2015 he had a complaint of low back pain and had pain with lumbar extension. There was a normal neurological examination. An MRI of the lumbar spine in July 2015 included findings of multilevel disc protrusions with bilateral foraminal narrowing at L3/4 and multilevel canal stenosis. When seen by the requesting provider, the claimant had ongoing back pain and stiffness rated at 10/10. Symptoms were radiating into the hips and buttocks but not into the legs. There was decreased range of motion. There were no recorded neurological deficits. Seated straight leg raising was positive on the right side. Authorization is being requested for bilateral transforaminal epidural injections at the lower two lumbar levels and for physical therapy. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no reported physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that support a diagnosis of radiculopathy. Radicular pain complaints are not being described. The requested epidural steroid injection is not considered medically necessary.

Physical therapy for the lumbar spine, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Section: Low Back - Lumbar & Thoracic (Acute & Chronic).

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.

Decision rationale: The claimant has a cumulative trauma work injury with date of injury in October 2009 and is being treated for chronic back pain with radiculopathy and facet syndrome. In April 2015 bilateral L3/4 transforaminal epidural injections were done. Monitored anesthesia care was used and reported as needed due to anxiety, low pain tolerance, and the possibility of hemodynamic instability. In May 2015 he had a complaint of low back pain and had pain with lumbar extension. There was a normal neurological examination. An MRI of the lumbar spine in July 2015 included findings of multilevel disc protrusions with bilateral foraminal narrowing at

L3/4 and multilevel canal stenosis. When seen by the requesting provider, the claimant had ongoing back pain and stiffness rated at 10/10. Symptoms were radiating into the hips and buttocks but not into the legs. There was decreased range of motion. There were no recorded neurological deficits. Seated straight leg raising was positive on the right side. Authorization is being requested for bilateral transforaminal epidural injections at the lower two lumbar levels and for physical therapy. The claimant is being treated for chronic pain with no new injury. 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 considered medically necessary.