

Case Number:	CM15-0193641		
Date Assigned:	10/07/2015	Date of Injury:	10/07/2014
Decision Date:	11/16/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/01/2015

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 37 year old male, who sustained an industrial injury on October 7, 2014, incurring low back injuries. He was diagnosed with lumbosacral disc disease. Treatment included chiropractic sessions, which did not help relieve his pain. Other treatments included diagnostic imaging and medication management. Currently, the injured worker complained of increased low back pain radiating to the buttock and hips. On January 20, 2015, a lumbar Magnetic Resonance Imaging revealed lumbosacral disc disease with disc bulging. He had increased pain walking prolonged periods of time. He was noted to have limited flexion and extension of the lumbar spine and weakness in the bilateral lower extremities. The treatment plan that was requested for authorization on October 1, 2015, included bilateral lumbosacral epidural steroid injection and postoperative physical therapy for the low back. On September 18, 2015, a request for bilateral epidural steroid injection and postoperative physical therapy was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 Transforaminal Epidural Steroid Injection: 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: The requested Bilateral L5-S1 Transforaminal Epidural Steroid Injection is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The injured worker has low back pain radiating to the buttock and hips. On January 20, 2015, a lumbar Magnetic Resonance Imaging revealed lumbosacral disc disease with disc bulging. He had increased pain walking prolonged periods of time. He was noted to have limited flexion and extension of the lumbar spine and weakness in the bilateral lower extremities. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electrodiagnostic findings indicative of radiculopathy. The criteria noted above not having been met, Bilateral L5-S1 Transforaminal Epidural Steroid Injection is not medically necessary.

Post Op Physical Therapy 2x4 Low Back: 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.

Decision rationale: The requested Bilateral L5-S1 Transforaminal Epidural Steroid Injection 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, and Official Disability Guidelines, Low Back, Physical therapy, recommend up to two post-injection therapy sessions. The injured worker has low back pain radiating to the buttock and hips. On January 20, 2015, a lumbar Magnetic Resonance Imaging revealed lumbosacral disc disease with disc bulging. He had increased pain walking prolonged periods of time. He was noted to have limited flexion and extension of the lumbar spine and weakness in the bilateral lower extremities. The treating physician has not documented the medical necessity for physical therapy beyond the recommended 2 post- injection therapy sessions. The criteria noted above not having been met, Post Op Physical Therapy 2x4 Low Back is not medically necessary.