

Case Number:	CM15-0200524		
Date Assigned:	10/15/2015	Date of Injury:	03/05/2014
Decision Date:	11/24/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/13/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 31-year-old female, with a reported date of injury of 03-05-2014. The diagnoses include low back pain. Treatments and evaluation to date have included physical therapy and aquatic therapy, Lyrica, Diazepam, Oxycodone-Acetaminophen, Gabapentin (discontinued due to arm pain), and Vicodin (nausea, vomiting, and itching). The diagnostic studies to date have included an MRI of the lumbar spine on 01-10-2015 which showed intervertebral disc space narrowing and left posterior paracentral disc protrusion at L2-3 and mild central canal narrowing at L2-3 on the left. The progress note dated 08-28-2015 indicates that the injured worker presented for a Toradol injection, and she inquired about pool therapy. The injured worker had a history of low back pain. Her pain level was rated 7 out of 10 (08-21-2015 and 08-28-2015). It was noted that the Toradol injection provided ongoing benefit. She denied any adverse gastrointestinal side effects. The physical examination showed no acute distress, no deformities or abnormal posture, and tenderness in the lumbar spine. An injection of Toradol was provided. The injured worker's work status was not indicated. There was documentation that the injured worker presented to the emergency room on 05-01-2015 for back spasms. The request for authorization was dated 08-28-2015. The treating physician requested physical therapy three times a week for twelve weeks for the low back, Toradol injection 60mg, and a consultation for a lumber epidural steroid injection. The medical records provided included the physical therapy reports from 08-11-2015 to 09-03-2015. On 09-15-2015, Utilization Review (UR) non-certified the request for physical therapy three times a week for twelve weeks for the low back, Toradol injection 60mg, and a consultation for a lumber epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x12 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical Medicine Guidelines-Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2):24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.

Toradol injection 60mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The California chronic pain medical treatment guidelines section on Ketorolac states: Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. Per the ODG: Only recommended for short-term in management of moderately severe acute pain that requires analgesia at the opioid level. In this case, the documentation does not indicate acute pain treatment but rather than the treatment of a chronic pain in the lower back condition. In the absence of acute pain treatment, the medication is not indicated per the California MTUS and the ODG. Therefore, the request is not medically necessary.

Consult for LESI: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 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). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The patient has the documentation of back pain however there is no included imaging or nerve conduction studies in the clinical documentation provided for review that corroborates dermatomal radiculopathy found on exam for the requested level of ESI. Therefore, criteria have not been met and the request is not medically necessary. As ESI is not necessary, consult for ESI would not be medically necessary.