

Case Number:	CM15-0020711		
Date Assigned:	02/10/2015	Date of Injury:	08/24/2014
Decision Date:	03/25/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/04/2015

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: Physical Medicine & Rehabilitation

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 38-year-old male, with a reported date of injury of 08/24/2014. The diagnoses include radiculopathy, lumbar herniation, and lumbar spine sprain. Treatments have included physical therapy, anti-inflammatory medication, and an MRI of the lumbar spine on 09/15/2014. The progress report dated 01/05/2015 indicates that the injured worker indicated that his back pain was stable, but he had some occasional increased pain. He rated the pain 3 out of 10. The objective findings were documented as unchanged. The treating physician requested a lumbar epidural steroid injection, as recommended by a specialist, and additional six physical therapy sessions to reduce pain, improve range of motion, restore function, home exercise program education, counseling, and conditioning. The progress report dated 11/05/2014 indicates that the objective findings showed tenderness of the lumbar paraspinal muscles, positive deep tendon reflexes of the bilateral lower extremities, normal motor strength of the bilateral lower extremities, normal sensory to light touch, and normal sitting straight leg raise test. The medical records provided the medical reports for six physical therapy sessions. On 01/30/2015, Utilization Review (UR) denied the request for a lumbar epidural steroid injection at right L4-5 and six additional physical therapy sessions for the low back. The UR physician noted that the submitted documentation does not reflect the amount of therapy previously administered nor the amount/duration of any functional benefit obtained from the previous sessions; no documentation of objective evidence of radiculopathy at L4-5; and no documentation of the failure of conservative treatments. The MTUS Chronic Pain and ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection right L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits to support the epidural injections. Clinical findings indicate pain on range of motions with spasms; however, without any motor or sensory deficits or radicular signs. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. The Lumbar epidural steroid injection right L4-5 is not medically necessary and appropriate.

Additional Physical Therapy for the low back x 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98 and 99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the

indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Additional physical therapy for the low back x 6 sessions is not medically necessary and appropriate.