MAXIMUS Federal Services

Case Number:	CM15-0020879		
Date Assigned:	02/10/2015	Date of Injury:	04/16/2013
Decision Date:	03/31/2015	UR Denial Date:	01/29/2015
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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 53 year old male, who sustained an industrial injury on April 16, 2013. The diagnoses have included cervicalgia, thoracic spine pain and lumbago. A progress note dated January 16, 2015 provided the injured worker complains of neck, back, rib and hip pain. Objective findings reveals 5/5 L1-S1 bilateral strength. Decreased LLE sensation, otherwise sensation L1-S1 intact bilateral. 1+/4 reflexes. Lumbar MRI revealed 3.9mm dis at L3-4 which mildly impresses on the thecal sac and there is bilateral facet arthrosis. Additionally there is 3.9mm disc at L4-5 with face arthroiss and mild left neural foraminal narrowing with 3.1mm disc at L5-S1 with bilateral facet arthrosis and mild bilateral neural foraminal narrowing. On January 29, 2015 utilization review non-certified a request for urine analysis and modified a request for L4-L5 lumbar epidural steroid injection, quantity 2 and post-operative physical therapy, three times a week for three weeks. The Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated February 3, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Lumbar Epidural Steroid Injection, quantity 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Physicians/ASIPP; Official Disability Guidelines (ODG)

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

Decision rationale: L4-L5 Lumbar Epidural Steroid Injection, quantity 2 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. 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. The documentation is not convincing of radicular symptoms supporting by imaging studies that would require an epidural steroid injection in the L4-5 region. In addition, the MTUS does not support a second injection without efficacy of the first injection. Finally, the request does not specify a laterality for the injection. For all of these reasons the request for L4-5 lumbar epidural steroid injection, quantity 2 is not medically necessary.

Urine Anaylsis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing & Carbamazepine & Assessment Approaches Page(s): 43 & 21 & 6.

Decision rationale: Urine analysis is not medically necessary per the MTUS Guidelines and the ODG.The MTUS states that when initiating opioids a urine drug screen can be used to assess for the use or the presence of illegal drugs. The MTUS supports urinalysis when beginning treatment with particular medications such as Carbamezepine . The MTUS states that a thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. The history and physical examination also serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. The documentation does not give a clear rationale or indication why a urinalysis is being requested therefore this request cannot be certified as medically necessary.

Post operative physical therapy, three times a week for three weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Post operative physical therapy, three times a week for three weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The documentation indicates that the patient has had extensive prior physical therapy for the lumbar spine without evidence of functional improvement. The patient should be well versed in a home exercise program. Therefore the request for post operative physical therapy is not medically necessary.