

Case Number:	CM15-0026994		
Date Assigned:	02/19/2015	Date of Injury:	04/17/2014
Decision Date:	04/06/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/12/2015

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 was a 60 year old male, who sustained an industrial injury, April 17, 2014. According to progress note of January 23, 2015, the injured workers chief complaint was low back pain. The range of motion to the lumbar spine was limited to 10-15 degrees, due to pain with trigger point to the right lumbar spine and right gluteal improved since epidural steroid injection. Radicular pain right gluteal, right hip and right knee improving since epidural steroid injection. The injured worker continues with a right antalgic gait. The injured worker was diagnosed with lumbar radiculitis at L3-L5, L3-L4 moderate to severe foramen recess stenosis, and sprain/strain lumbar spine. The injured worker previously received the following treatments an MRI that was positive for radiculitis, Milder findings epidural steroid injection in 2006 helped for many years, epidural injection to L3-L5 on January 19, 2015, physical therapy tomes 18 visits, muscle relaxants, Norco and Ibuprofen. January 23, 2015, the primary treating physician requested authorization for epidural steroid injection of L3-L5 #2 and postoperative physical therapy. On February 3, 2015, the Utilization Review denied authorization for epidural steroid injection of L3-L5 #2 and postoperative physical therapy. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI and Facet L3-5 #2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, ESI.

Decision rationale: The patient presents with pain and weakness in his lower back and right leg. The request is for 2 LUMBAR EPIDURAL STEROID INJECTION ESI AND FACET L3-5. MTUS pages 46 and 47 states that Epidural Steroid Injections "ESI are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. MTUS further states that for diagnostic purposes a maximum of two injections should be performed?. 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." ODG guidelines Lumbar chapter, under ESI, "It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or sacroiliac blocks or lumbar sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment." In this case, the treater does not provide an explanation as to why another lumbar ESI is being requested. The treater has documentation that the patient had 50% improvement following lumbar epidural injection on 01/19/15. However, there is no documentation regarding functional improvement including medication reduction. Furthermore, the previous ESI was performed less than a month's ago, indicating pain relief lasting less than one month. MTUS supports repeat Epidural injections when the pain and function improvement last for at least 6-8 weeks. The request is also for facet injection and ODG guidelines do not support facet injections when radicular symptoms or present. ODG also does not support performing both of these injections on the same day. Therefore, the request IS NOT medically necessary.

Post op Physical Therapy 3x3 Lumbar: 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 therapy Page(s): 98-99.

Decision rationale: The patient presents with pain and weakness in his lower back and right lower extremity. The request is for 9 SESSIONS OF POST OP PHYSICAL THERAPY. None of the reports indicate that the patient has had a surgery or the patient is scheduled for a surgery. The treater appears to be requesting therapy to be provided following the ESI procedure. The review of the reports indicates that the patient has had prior physical therapy that started on 05/12/14. For non-post-operative therapy treatments MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and

myositis, unspecified. In this case, ESI procedure has not been deemed medically necessary. Furthermore, neither MTUS nor ODG guidelines discuss the need for therapy following this type of procedure. The patient has had therapy in the past, and should be able to continue home exercises to achieve pain control. The request IS NOT medically necessary.