

Case Number:	CM15-0027984		
Date Assigned:	02/20/2015	Date of Injury:	12/17/2013
Decision Date:	03/20/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/13/2015

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: 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 41-year-old male who reported an injury on 12/17/2013. The mechanism of injury was not provided. The surgical history was not provided. The original Request for Authorization was dated 01/15/2015. The documentation of 01/15/2015 revealed the injured worker had subjective complaints of pain. The medications included Flexeril, naproxen, Prilosec, and Norco 5/325 mg. The injured worker indicated he experienced minimal benefit from the bilateral L4 and L5 transforaminal epidural steroid injections on 11/19/2014; however, he would like to trial the injections once more to see if he might experience further benefit from the injections. The injured worker indicated he was trying to perform some walking and stretching exercises but remained limited due to pain. The surgical history was not provided. Objective complaints revealed the injured worker had tenderness to pressure bilaterally paraspinally at L4-5 and L5-S1. The straight leg raise was positive on the right, localizing to low back pain with right leg pain. The straight leg raise was positive on the left, localizing to low back pain with left leg pain. Motor strength was within normal limits. The sensation was decreased over the left L5 dermatome. The treatment plan included repeat bilateral L4 and L5 transforaminal epidural steroid injections to see if the injured worker may obtain improved benefit, continuation of rehabilitative modalities to work on core strengthening and spinal conditioning, and followup on authorization for physical therapy to work rehabilitation of the low back. The other therapies were noted to include 6 sessions of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal epidural steroid injection at L4 and L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that for epidural steroid injections, there should be documentation of radicular findings that are corroborated by electrodiagnostics or MRI findings. There should be documentation of a failure of conservative care. Additionally, they recommend a second epidural steroid injection if partial success is produced with the first injection. A second block is not recommended if there is inadequate response to the first block. The clinical documentation submitted for review indicated the injured worker had undergone a previous block. However, there was a lack of documentation indicating the injured worker had objective functional benefit and an objective decrease in pain as it was indicated the injured worker had experienced minimal benefit. A second injection would not be supported. Given the above, the request for bilateral transforaminal epidural steroid injections at L4 and L5 is not medically necessary.

Physical therapy 2 x 6: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend up to 10 sessions for the treatment of radiculopathy. There was a lack of documentation of objective functional benefit received from the prior authorized 6 sessions of therapy. The request as submitted failed to indicate the body part to be treated with the therapy. Additionally, there was a lack of documentation of objective functional deficits. Given the above, the request for physical therapy 2x6 is not medically necessary.