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| Case Number: | CM15-0028691 | | |
| Date Assigned: | 02/20/2015 | Date of Injury: | 06/08/2010 |
| Decision Date: | 04/06/2015 | UR Denial Date: | 02/11/2015 |
| Priority: | Standard | Application Received: | 02/17/2015 |

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: Florida, New York, Pennsylvania
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 68 year old male who sustained an industrial injury on 6/8/10. The injured worker reported symptoms in the back and lower extremities. The diagnoses included foraminal stenosis L3/4 and L 4/5. Treatments to date include L3-L4 laminectomy October 2014, activity modification, and oral pain medications. In a progress note dated 1/26/15 the treating provider reports the injured worker was with "bilateral leg pain from the back to the buttock, worse with standing and walking...muscle guarding in the back...limited range of motion." On 2/11/15 Utilization Review non-certified the request for 1 bilateral lumbar selective nerve root block at L3-4 under fluoroscopy and 8 sessions of physical therapy. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral lumbar selective nerve root block at L3-4 under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective nerve root blocks, Epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines part 2 Page(s): 46.

Decision rationale: Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. It can be recommended as an option for treatment of radicular pain with corroborative findings of radiculopathy in those patients attempting to avoid surgery. In this case we have no confirmation for radiculopathy such as the results of an EMG. The interpretation of the surgeon on the MRI in postoperative follow-up 25Jan15 from a L3-4 Laminectomy accomplished in October 2014 was that there was no evidence of nerve compression. The patient had just completed surgery in October and further surgery was not being contemplated. It appeared that the act of standing and walking put the back into extension leading to a functional foraminal stenosis and neurogenic claudication which is conjectural. Based on the issues cited there appears to be insufficient evidence to support an ESI. The UR Non-Cert is supported.

8 sessions of physical therapy: 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 part 2 Page(s): 46.

Decision rationale: The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. However the benefit of PT quickly decreases over time. Therefore allowances should be made and plans for fading of treatment frequency anticipated. With flares of LBP a brief reintroduction to facilitate refreshing the individuals memory for technique and restarting home exercise routines can be supported, but not a wholesale return to a full course of PT which in this case did not include the expectation of fading (tapering) of frequency. The member underwent the L3-4 Laminectomy in October 2014 with appropriate postoperative care. The request to return to a full course of 8 sessions of PT does not meet the above criteria. The UR Non-Cert is supported.