

Case Number:	CM15-0213391		
Date Assigned:	11/03/2015	Date of Injury:	12/12/2014
Decision Date:	12/14/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/29/2015

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: Arizona, California

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 56 year old female who sustained an industrial injury on 12-12-14. A review of the medical records indicates that the worker is undergoing treatment for foraminal stenosis, spondylosis, herniated disc, scoliosis and status post posterior non segmental fixation L4 and L5; posterolateral arthrodesis L4-5, laminectomy, interlaminar decompression L4-5; allograft morselized; computer assisted navigation; spinal cord monitoring on 5-12-15. The worker has history of lumbosacral area discectomy (1986), laminectomy (1991), and microscopic lumbar discectomy left L4-5 (2013). Subjective complaints (9-16-15) include "moderate" constant pain in the back and left leg, and symptoms are worse. It is noted the worker was doing well until a week prior; she developed right sided back pain with spasms and some radiation into her right anterior thigh. She is neurologically intact. Work status was noted as temporary total disability until 10-30-15. Objective findings (9-16-15) include a balanced and symmetrical gait, normal toe-heel walk, and head concussion -8-16-15. The physician reports radicular pain coming from segments above the fusion and that she has tried a muscle relaxant, Norco, activity modification, physical therapy, and home exercise is not giving relief. Medications are Elavil, Lactulose, Neurontin, Norco, and Soma. MRI of the lumbar spine (1-21-15) revealed: "moderate spinal stenosis L2 to L3 and severe stenosis L3-4, L4-5; multilevel neural foramina narrowing." X-rays reveal "bridging bone at the interbody space at 4-5. She has a degenerative scoliosis and is tilted down on the right side at L3-4 above the surgery, as well as at L2-3 she has significant degeneration." Right L2-3 and 3-4 transforaminal epidural is recommended and if the pain settles down, start in physical therapy again. Previous treatment

includes surgery (5-12-15), medication, physical therapy, lumbar transforaminal epidural L3-4, L4-5 (1-21-15), and lumbar epidural (March and April 2015). The requested treatment of transforaminal epidural steroid injection at right L2-L3, L3-L4 and physical therapy, lumbar spine 3 times a week for 6 weeks was denied on 10-6-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at right L2-L3, L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the MTUS guidelines, ESI's are indicated for those with radiculopathy on exam and imaging or neurodiagnostics. According to the ACOEM guidelines, ESIs are not recommended due to their short term benefit. In this case, the claimant had an ESI 8 months ago and still required laminectomy in May 2015. The symptoms are chronic and prior ESIs did not avoid surgery. The request for another ESI is not medically necessary.

Physical therapy, lumbar spine, 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. According to the post surgical guidelines, 16 sessions are recommended over 8 weeks after surgery. In this case, it has been 4 months (16 weeks since surgery). There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The 18 sessions exceeds the amount recommended by multiple guidelines. Consequently, the physical therapy sessions are not medically necessary.