

Case Number:	CM15-0214201		
Date Assigned:	11/04/2015	Date of Injury:	08/02/2012
Decision Date:	12/23/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/30/2015

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, Hawaii

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 55 year old female who sustained an industrial injury on August 02, 2012. The worker is being treated for: multilevel degenerative disease and progressive disc degeneration, persistent lateral recess and foraminal narrowing, and multiple sites of nerve root abutment; lumbar radiculopathy. Subjective: July 22, 2015 she reported worsened pain due to recent gardening and described severe low back pain with pain radiating into the right leg and left arm. September 28, 2015 she reported a 25% improvement after one epidural injection of the lumbar spine and that physical therapy "helps only while she is doing the exercises." She describes symptoms of increasing and severe low back pain radiating into right leg, cervical spine pain. October 02, 2015 she reported the pain has increased with daily activity and decreased with medication use. She further states "having had 4 days pain relief after the epidural," and overall she is worse. Her chief complaint noted loss of motion, stiffness of moderate degree and radicular pain to right lower extremity. Objective: July 22, 2015 noted neurological evaluation without seizure, headache, limb weakness or numbness, poor balance, or problems with speech. July 22, 2015, September 28, 2015 noted "Rhomberg negative with normal heel to toe gait, normal rapid alternating movements, sensation normal to light touch in all four extremities, symmetric at the patella and Achilles without clonus." Diagnostic: MRI lumbar spine September 01, 2105. Medication: July 22, 2105, September 28, 2015: Norco, Melatonin, Sertraline, Lorazepam, Olanzapine, and Tylenol. Treatment: October 02, 2015 reported the worker having completed 8 sessions of physical therapy treating right spine lumbago with sciatica. February 2014 ACDF, and 1991 lower back surgery. September 17, 2015

noted the patient administered caudal epidural injection to L5 under fluoroscopy. On October 06, 2015 a request was made for a second epidural steroid injection for lumbar and physical therapy 8 sessions for low back that were noncertified by Utilization Review on October 09, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second epidural steroid injection for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Second epidural steroid injection for the lumbar spine. MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the current request does not specify what level(s) is/are to be injected and therefore cannot be supported as the MTUS guidelines state, "No more than one interlaminar level should be injected at one session." The current request is not medically necessary.

8 physical therapy sessions for the low back: Upheld

Claims Administrator 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for 8 physical therapy sessions for the low back. A physical therapy report dated 10/2/15 (17B) notes that the patient has received at least 8 sessions of physical therapy. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 8 sessions of physical therapy for the low back previously. The patient's status is not post-surgical. In this case, the patient has received at least 8 sessions of physical therapy to date and therefore the current request of an additional 8

visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.