

Case Number:	CM15-0217819		
Date Assigned:	11/09/2015	Date of Injury:	03/08/2015
Decision Date:	12/28/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/05/2015

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: New York, West Virginia,
 Pennsylvania Certification(s)/Specialty: Emergency Medicine

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 51 year old female who sustained an industrial injury on March 8, 2015. Medical records indicated that the injured worker was treated for back pain. Medical diagnoses include spondylolisthesis and herniated nucleus pulposus, L4-L5. In the provider notes dated September 1, 2015 to September 29, 2015, the injured worker complained of "back pain across the back that went into the buttock. It was right greater than left lateral thigh, nothing below in the leg. There has been numbness and tingling with this. The pain has been severe. She has been taking narcotic for this. She has been unable to do physical therapy as well." In provider notes dated September 29, 2015, the injured worker complained that she is always in pain. She states walking more than one block causes severe pain in the bilateral spine and gluteus and radiates down the left leg. She states that the muscle relaxant given by Neurosurgeon causes dizziness. On exam, the documentation stated that there was good range of motion in cervical and lumbar spine. The provider noted dated September 29, 2015 noted an antalgic gait. The treatment plan is for medication refills, neurosurgery consult, physical therapy, MRI and epidural injections. A Request for Authorization was submitted for 24 physical therapy sessions for the lumbar spine and lumbar epidural steroid injection at L4-L5. The Utilization Review dated October 19, 2015 noncertified the request for 24 physical therapy sessions for the lumbar spine and lumbar epidural steroid injection at L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, lumbar spine, 24 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) Physical therapy (PT).

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

Decision rationale: Guidelines state that physical therapy is recommended for short-term relief during the early phase of pain treatment. Patients are expected to continue active therapy at home in order to maintain improvement levels. Guidelines recommend 9-10 visits for the patient's complaints. In this case, exceptional factors are not addressed and there are no clear functional deficits to support a need for supervised vs. home program or maintenance exercise. The request for 24 physical therapy sessions is not medically necessary and appropriate.

Lumbar epidural steroid injection at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Epidural steroid injections.

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

Decision rationale: Guidelines recommend epidural injections as an option when there is radicular pain caused by radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The decision to perform repeat epidural steroid injections is based on objective pain and functional improvement, including at least 50% pain relief with reduction in pain medications for 6-8 weeks. In this case, there is no documentation that the patient has radiculopathy and the MRI did not identify and nerve root impingement. The request for lumbar epidural steroid injection at L4-L5 is not medically necessary and appropriate.

MRI (magnetic resonance imaging), lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Guidelines state that lumbar spine MRI is recommended if there is evidence of specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option. If the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before MRI and after 3 months of conservative treatments have failed. In this case, there is no evidence of nerve dysfunction and no evidence that treatment modalities have been tried and failed. The request for MRI of the lumbar spine is not medically necessary and appropriate.