

Case Number:	CM15-0030808		
Date Assigned:	02/24/2015	Date of Injury:	12/30/2013
Decision Date:	04/07/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/19/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 46 year old who sustained an industrial injury on 12/30/2013. Diagnoses include lumbar disc herniation with stenosis and radicular pain, most significant at L4-L5. Treatment to date has included medications, physical therapy, and epidural steroid injections, and home exercise program. A physician progress note dated 01/07/2015 documents the injured worker has constant low back pain with frequent constant radiation to the lower extremities, right greater than the left. He has decreased lumbar range of motion and pain in both extremes. There is tenderness along the paraspinal muscles in the region of L4 through S1. Straight leg raise is positive bilaterally with pain into the L5 and L5 regions. Treatment requested is for second Lumbar Epidural Steroid Injection at L4-L5, and Physical Therapy two times a week for five weeks at the Lumbar Spine. On 01/29/2015 Utilization Review non-certified the request for second Lumbar Epidural Steroid Injection at L4-L5 and cited was California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM), and Official Disability Guidelines. The request for Physical Therapy two times a week for five weeks at the Lumbar Spine, and cited was Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second Lumbar Epidural Steroid Injection at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, American Medical Association Guides, 5th edition, Pages 382-383.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, documentation does not contain objective findings on examination an recent electrodiagnostic study to support the presence of radiculopathy. Furthermore, the patient has had a previous lumber ESI performed on August 14, 2014 without evidence of significant functional improvement or reduction in the use of pain medications. Therefore, the request for a Second Lumbar Epidural Steroid Injection at L4-L5 is not medically necessary.

Physical Therapy two times a week for five weeks at the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter.

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

Decision rationale: According to MTUS guidelines, Physical Medicine is “Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) 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. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)'' There is no documentation of the efficacy and outcome of previous physical therapy sessions. There is no documentation that the patient cannot perform home exercise. Therefore, the request for Physical Therapy two times a week for five weeks at the Lumbar Spine is not medically necessary.