

Case Number:	CM15-0031993		
Date Assigned:	02/25/2015	Date of Injury:	06/25/2014
Decision Date:	04/15/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/20/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 44 year old male, who sustained an industrial injury on 6/26/2014. He reports low back injury bending and lifting trash bags. Diagnoses include lumbar spine enthesopathy; lumbar spine spondylosis and right lower extremity sciatica. Treatments to date include physical therapy and medication management. Progress notes from the treating provider dated 12/12/2014 and 1/15/2015 indicates the injured worker reported low back pain. On 1/23/2015, Utilization Review non-certified the request for lumbar 4 to sacral 1 epidural steroid injection x 2, urinalysis and 9 post-operative physical therapy visits, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 ESFI x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. MTUS treatment guidelines support cervical epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative treatment. The attached medical record indicates that the injured employee has complaints of radicular symptoms into the right lower extremity and there is right sided EHL weakness on physical examination. However the MRI of the lumbar spine does not reveal any nerve root compression or foraminal stenosis. Considering this lack of corroboration between imaging studies and physical examination findings, this request for a lumbar spine epidural steroid injection is not medically necessary.

Related to ESFI: UA: 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 Criteria for use of opioids Page(s): 43.

Decision rationale: According to the progress notes dated both November 26, 2014, and more recently on February 12, 2015, the injured employes not prescribed any opioid medications. Nor is there concern about potential aberrant behavior. Considering this, this request for a urine toxicology screening is not medically necessary.

Physical therapy for the lumbar spine, three times weekly for three weeks: 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 Physical Medicine Page(s): 98-99.

Decision rationale: It is unclear if this request is for physical therapy is for after the and epidural steroid injection or another procedure, however there is not stated to be any recent lumbar spine surgery and the request for epidural steroid injections has been determined not to be medically necessary. As such, this request for postoperative physical therapy for the lumbar spine is also not medically necessary.