

Case Number:	CM15-0033673		
Date Assigned:	02/27/2015	Date of Injury:	09/19/2013
Decision Date:	04/08/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/23/2015

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, Arizona

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:

This injured worker is a 50 year old male who reported an injury on 09/29/2013. The mechanism of injury is noted as a bending motion. Diagnoses include history of spine surgery, lumbosacral strain and lower extremity neuropathy. Treatment has included surgery, physical therapy, medication, activity modification. Diagnostic studies include an MRI of the lumbar spine dated 08/26/2014 which showed post-surgical changes at L4-L5, progression in disc height loss and desiccation at L2-L3, L3-L4 with bulging discs eccentric to the left causing moderate stenosis at L3-L4, and stable retrolisthesis, grade I at L3-L4. Surgical history includes a 2005 posterior discectomy and inter-body fusion at L4-L5, anterior fusion of L4-L5 in 2007, and removal of inter-body screws in 2007. Also noted was an EMG/NCV of the bilateral lower extremities dated 09/15/2014 which was within normal limits. On the visit of 01/29/2015, the injured worker complained of low back and leg pain with standing and walking, relieved when laying down. The exam noted lumbar flexion 20 degrees, extension 10 degrees, bilateral bend 10 degrees, no subluxation noted on flexion or extension. The lumbar paraspinals were moderately tender to palpation, straight leg raises were negative bilaterally, motor strengths noted as 5/5 on the right and 5-/5 on the left lower extremities. Sensation intact. Medications have included Mortin, Tylenol #3 and Flexeril. The request is for an epidural steroid injection at the L3-L4, and 12 sessions of physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46.

Decision rationale: The request is for an epidural steroid injection at L3-L4. Per the treatment recommendation guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The injured worker's physical exam as submitted for review did indicate some mild deficits, but nothing in a dermatomal or myotomal pattern was noted. In fact, strengths were noted as normal and sensation intact to the lower extremities. The EMG/NCV submitted was unremarkable. The MRI noted in the record did indicate some degradation at the prior surgical levels. The last therapy notes are aged past one year. The request does not meet the guidelines as described, and therefore is deemed not medically necessary at this time.

Physical therapy (12 sessions), lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: The request was for 12 sessions of physical therapy in conjunction with an epidural steroid injection. The last therapy notes included for review are aged past one year. At the time of therapy, January 2014, the injured worker was compliant with his home exercise program, had a slow gait cadence, with normal muscle tone, and some residual complaints of discomfort. There was fair improvement noted in pain reduction and improved function of the injured worker after therapy. The physical exam submitted for review from January 2015 indicated normal muscle strengths, some reduction in lumbar flexion, and tenderness in the paraspinals. The guidelines notation that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort; however, the request for 12 sessions of physical therapy is not supported and exceeds guideline recommendations. As such, the request is not medically necessary.