

Case Number:	CM15-0040175		
Date Assigned:	03/10/2015	Date of Injury:	03/21/2001
Decision Date:	04/13/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/03/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 45 year old female who sustained a work related injury on March 21, 2001, after slipping on a wet floor and falling injuring her back, left shoulder, right lower extremity and tailbone. Treatment included physical therapy, muscle relaxants, Transcutaneous Electrical Nerve Stimulation (TENS) Unit, pain medications, epidural steroid injections and Radiofrequency Ablation. Magnetic Resonance Imaging (MRI) revealed lumbar sacral disc protrusion. Currently, the injured worker complained of severe migraine headaches, nausea and muscle spasms. She also complained of constant neck pain and lower mild back pain. Treatment plan at this time was pain medications, heat, water therapy and epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water therapy: Overturned

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 manual therapy and manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back aquatic therapy.

Decision rationale: Utilization review denied the request for aquatic therapy (6 visits) based on lack of specific rationale/inability to benefit from land-based therapy. The ODG recommends aquatic therapy in chronic back pain and given this patient's complicated history and the chronicity of her pain, 6 sessions of aquatic therapy seems reasonable as a treatment modality at this time. Recent evidence supports water based exercises producing better improvements in disability and quality of life in patients with chronic low back pain than land-based exercises (although both had improvements in outcomes measures). Per the MTUS guidelines for manipulation and manual therapy, time to produce effect is estimated to be 4-6 treatments, which provides a reasonable timeline by which to reassess the patient and ensure that education, counseling, and evaluation for functional improvement occur. In this case, the request for a total of 6 visits to aquatic therapy with a plan to assess for added clinical benefit and functional improvement prior to request for further sessions is considered medically appropriate.

Epidural cortisone injection (unspecified location): 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 Epidural Steroid Injections Page(s): 46.

Decision rationale: Per the MTUS Chronic Pain Guidelines (page 46), most current guidelines recommend no more than 2 epidural steroid injections. In order to warrant injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. The MTUS criteria for epidural steroid injections also include unresponsiveness to conservative treatment (exercises, physical methods, and medications). If epidural injections are to be utilized as a therapeutic modality, no more than two injections are recommended, and repeat injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The MTUS clearly states that the purpose of ESI is 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 functional benefit. Utilization Review denied epidural steroid injections because there was no specific level provided and no timely response to peer to peer request. There is a note from [REDACTED] dated 1/26/2015 mentioning selective nerve root block bilaterally at L3-4, L4-5, and L5-S1. The request is simply for epidural steroid injection (unspecified location), but the note describes consideration of selective nerve root blocks at three levels, which exceeds the recommendations of the MTUS guidelines. Treatment in excess of the guidelines may be warranted in this case, however, initial treatment within the limitations of the guidelines is reasonable, with documentation of functional improvement being critical in furthering requests for additional treatment. Given the recommendations for epidural steroid

injections as written in the MTUS guidelines, the request for epidural steroid injections at this time is not considered medically necessary.