MAXIMUS Federal Services

Case Number:	CM15-0041463		
Date Assigned:	03/11/2015	Date of Injury:	03/28/2014
Decision Date:	04/16/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/04/2015

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
Certification(s)/Specialty: Family Practice

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 patient, who sustained an industrial injury on 03/28/2014. The initial physical therapy visit dated 08/18/2014 described subjective complaints of left hip pain, mid and low back pain will difficulty sleeping. The pain is described as a burning sensation. He did have prior left shoulder surgery in 2004. He is currently taking Skelaxin for pain. The patient's therapy goals are listed as having function of hip with decreased pain in the thoracic spine. Objective findings showed thoracic spine kyphosis with significant paraspinal hypertonicity and decreased mobility of the thoracic spine. His posture noted abnormal, rounded shoulders, increased thoracic kyphosis, increased lumbar lordosis, posterior pelvic tilt and lateral shift. He was instructed on home exercise program and demonstrated good knowledge and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Following LESI PT 6 Sessions: Upheld

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

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

Decision rationale: Physical therapy in the form of passive therapy for the lower back is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myositis/myalgia pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had reportedly completed some physical therapy, but with insufficient reports on how effective it was, and no clear functional gains associated with the completed sessions. Also, it was reported that the worker was capable of completing home exercises effectively, although it was not clear if he was completing them at home at the time of this request. Therefore, continued supervised physical therapy after an epidural injection would not be medically necessary.

Retro MRI Plain Left Elbow, Lumbar, Cervical, Right Knee DOS 1/06/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The MTUS ACOEM Guidelines state that special testing such as MRI is not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. In the case of this worker, there was insufficient reported symptoms and documented physical findings to suggest any internal derangement of the right knee and to warrant follow-up with MRI. The request for multiple MRI (cervical, knee, lumbar, elbow) was not separated out, allowing for each MRI to be evaluated separately. Therefore, due to the right knee MRI not being medically necessary, the other MRI's will be considered the same until future requests are made for each of the other studies separately.

LESI: Upheld

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

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

Decision rationale: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy for guidance, 4. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections, 5. No more than two nerve root levels should be injected using transforaminal blocks, 6. No more than one interlaminar level should be injected at one session, 7. in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pan relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, and 8. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, In the case of this worker, the request for an epidural steroid injection did not include a level or levels to be injected. The notes suggested, however, that more than two levels were intended to be injected and also at the same time as facet joints were to be injected, which is not recommended based on the Guidelines. Therefore, the request for "LESI" will be considered medically unnecessary.