

Case Number:	CM15-0042044		
Date Assigned:	03/12/2015	Date of Injury:	02/01/2013
Decision Date:	04/22/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/05/2015

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, Hawaii
 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 34 year old man sustained an industrial injury on 2/1/2013. The mechanism of injury is not detailed. Treatment has included oral medications. Physician notes dated 2/5/2015 show complaints of right quad numbness and right posterior tenderness by sacroiliac sulcus. Recommendations include sacroiliac joint physical therapy and lumbar epidural steroid injection at L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions SI Joint: 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: The patient presents with low back, right quad, and right posterior pain. The current request is for 12 Physical Therapy Sessions SI Joint. The treating physician states,

"Radiographs show preserved disc spaces at all lumbar levels, no instability, L2 endplate depression minimal. Right quad numbness and right posterior tenderness by sacroiliac sulcus. L4/5 and LS1 annular tears posteriorly and no significant stenosis seen at either level." (c.15) There is no further discussion of the current request. The MTUS guidelines supports physical medicine for myalgia and myositis unspecified at 9-10 sessions over 8 weeks. For Neuralgia, neuritis, and radiculitis, unspecified they allow 8-10 visits over 4 weeks. In this case, the current request goes above the amount allowed by the MTUS guidelines. There is no indication on the progress report as to why the additional sessions were warranted. The current request is not medically necessary and the recommendation is for denial.

Lumbar Epidural Steroid Injection at L4-5 and L5-1: 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 patient presents with low back, right quad, and right posterior pain. The current request is for Lumbar Epidural Steroid Injection at L4-L5 and L5-S1. The treating physician states, "Radiographs show preserved disc spaces at all lumbar levels, no instability, L2 endplate depression minimal. Right quad numbness and right posterior tenderness by sacroiliac sulcus. L4/5 and LS1 annular tears posteriorly and no significant stenosis seen at either level." (c.15) The MTUS Guidelines support the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. In this case, the diagnostic imaging does not document radiculopathy, nor does the physical examination. There is little documentation provided for review that would warrant the authorization of the current request. The current request is not medically necessary and the recommendation is for denial.