

Case Number:	CM15-0051543		
Date Assigned:	03/25/2015	Date of Injury:	09/24/1993
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/18/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 65 year old female, who sustained an industrial injury on 09/24/1993. Initial complaints reported included pop sensation in the low back followed by low back pain. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, MRI of the lumbar spine, CT scans, lumbar laminectomy and fusion, spinal cord stimulator implant (11/24/2014), x-rays, laboratory testing, stress test (10/17/2014), and psychological/psychiatric therapy. Currently, the injured worker complains of ongoing low back pain with left lower extremity radicular pain. Current diagnoses include lumbago, sacroiliitis, and left leg radicular pain. The treatment plan consisted of left epidural steroid injections to the L4-L5 level under sedation, pre-op medical clearance prior to the injection (including history and physical, EKG, chest x-ray and laboratory tests), 12 sessions of aquatic therapy, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Left TF ESI under sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, ESI.

Decision rationale: The medical records provided for review do not document physical exam findings consistent with radiculopathy in association with plan for epidural steroid injection. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. As such the medical records do not support the use of ESI congruent with ODG guidelines.

Pre-Op Medical clearance with [REDACTED] prior to the injection to include: H &P, EKG, Chest X-ray and labs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, ESI.

Decision rationale: The medical records provided for review report symptoms of pain but does not support radiculopathy. The medical records do not indicate corroboration by imaging of any compression on the nerve root. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. As such the medical records do not support the use of ESI congruent with ODG guidelines and as such pre-op medical clearance is not supported.

Aquatic Therapy 12 sessions Bilateral Low Back area: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, aquatic therapy.

Decision rationale: The medical records do not indicate functional assessment with established goals for further therapy or indicate why the insured cannot transition to a self-directed program. ODG guidelines report "Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher

intensities may be required to preserve most of these gains." Given the records do not indicate specific goals of aquatic therapy, the medical records do not support medical necessity of aqua therapy treatment.