

Case Number:	CM15-0052653		
Date Assigned:	03/26/2015	Date of Injury:	09/25/2014
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/19/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 36 year old male, who sustained an industrial injury on 09/25/2014. He reported an injury to his back. The injured worker is currently diagnosed as having lumbar sprain/strain and sacrum sprain/strain. Treatment to date has included lumbar x-rays, lumbar MRI, chiropractic treatment, acupuncture, muscle relaxants, and Medrol dosepak. In a progress note dated 03/03/2015, the injured worker presented with complaints of sharp, shooting sensation affecting the left side of his low back and buttock. The treating physician reported requesting authorization for physical therapy as well as a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L5-S1 (x3) with [REDACTED]: Upheld

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

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

Decision rationale: This 36 year old male has complained of low back pain since date of injury 9/25/14. He has been treated with chiropractic therapy, acupuncture and medications. The current request is for lumbar epidural steroid injection L5-S1 x 3 with [REDACTED]. Per the MTUS guidelines cited above epidural corticosteroid injections are recommended as an option for the treatment of radicular pain when the specific following criteria are met: 1) Radiculopathy must be documented by physical examination and 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) 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% pain 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007). 8) Current research does not support a “series-of-three” injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The available medical records do not include documentation that criteria (1) above has been met. Specifically, the available provider notes do not document evidence of a radiculopathy by physical examination. On the basis of the MTUS guidelines, a lumbar epidural steroid injection L5-S1 x 3 with [REDACTED] is not medically necessary.

Physical therapy lumbar x12: 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: This 36 year old male has complained of low back pain since date of injury 9/25/14. He has been treated with chiropractic therapy, acupuncture and medications. The current request is for physical therapy, lumbar x 12. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis, as in this case. The current request exceeds the MTUS recommended number of passive physical therapy sessions. On the basis of the available medical documentation and per the MTUS guidelines cited above, physical therapy lumbar x 12 is not medically necessary.