MAXIMUS Federal Services

Case Number:	CM15-0056432		
Date Assigned:	04/01/2015	Date of Injury:	03/11/2004
Decision Date:	06/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/25/2015

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: Texas, New York, California
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 applicant is a represented 55-year-old who has filed a claim for chronic neck and low back pain with derivative complaints of headaches reportedly associated with an industrial injury of March 11, 2004. In a Utilization Review report dated March 4, 2015, the claims administrator failed to approve requests for an L4-L5 epidural steroid injection and 12 sessions of physical therapy. The claims administrator stated that there was no clear or compelling evidence of radiculopathy. The claims administrator referenced a February 19, 2015 office visit and February 24, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. In an August 27, 2014 progress note, the applicant's secondary treating provider suggested that the applicant could potentially be a candidate for both cervical and lumbar fusion surgeries. The applicant's work status was not detailed. The applicant was asked to follow up on a p.r.n. basis. On October 2, 2014, a rather proscriptive 5-pound lifting limitation was endorsed owing to a primary complaint of chronic low back pain. The applicant was given a topical compounded medication. On February 19, 2015, the applicant reported 7-9/10 neck, low back, and shoulder pain. The applicant was not working, it was acknowledged, as she was unable to tolerate work activities, it was reported. The applicant's medications included Zanaflex, Ultracet, a topical compounded medication, aspirin, Zestril, and metformin. The applicant reported heightened complaints of low back pain radiating into the bilateral lower extremities, left greater than right. The attending provider stated that the applicant had multilevel disk bulges and retrolisthesis at several levels. The applicant's BMI was 27. The attending provider suggested that the applicant pursue physical therapy and obtain an epidural steroid injection. The remainder

of the file was surveyed. It was not clearly stated whether the applicant had or had not had previous epidural steroid injection therapy or not. It was not clearly established whether the applicant had or had not had previous epidural steroid injection therapy, although it did appear that epidural steroid injection therapy had been proposed at various points in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: No, the request for an L4-L5 epidural lumbar epidural steroid injection was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that evidence of radiculopathy should generally be corroborated, either radiographically or electrodiagnostically. Here, in this case, however, the attending provider failed to furnish radiographic or electrodiagnostic corroboration of radiculopathy. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the attending provider did not clearly outline how many (or if) the applicant had or had not had previous epidural steroid injections over the course of the claim, following an industrial injury of March 11, 2004, and if so, what the response to said injections was. Therefore, the request was not medically necessary.

Physical therapy 3 times a week for 4 weeks for the lumbar spine: Upheld

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

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

Decision rationale: Similarly, the request for 12 sessions of physical therapy was likewise not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulate that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was seemingly off of work, it was suggested on a

February 19, 2015 progress note on which it was stated that the applicant was unable to tolerate work activities. The applicant remained dependent on various analgesic medications, including opioid agents such as Ultracet, topical compounds, and muscle relaxants such as Zanaflex. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.