

Case Number:	CM15-0059198		
Date Assigned:	04/03/2015	Date of Injury:	03/25/2014
Decision Date:	05/05/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/29/2015

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: Connecticut, California, Virginia
 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 injured worker is a 29 year old female with an industrial injury dated March 25, 2014. The injured worker diagnoses include low back pain, lumbar disc displacement, and myofascial pain. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 2/09/2015, the injured worker reported increased pain in numbness in the legs and increased pain in the lower back with radiation to the lower extremities, left greater than right. Physical exam revealed tenderness to palpitation in lumbar paraspinal muscles at L3-S1 levels bilaterally. The treating physician prescribed bilateral lumbar transforaminal epidural steroid injection at L4-S1, compound cream and physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar transforaminal epidural steroid injection at L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

Decision rationale: Per the MTUS Chronic Pain Guidelines (page 46), in order to warrant injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS criteria for epidural steroid injections also include unresponsiveness to conservative treatment (exercises, physical methods, and medications). The MTUS clearly states that the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. The provided documents indicate EMG results showing moderate bilateral L4 L5 radiculopathy with possible L3 involvement, however, prior ESI resulted in minimal and transient relief. Given the recommendations for epidural steroid injections as written in the MTUS guidelines stating that pain reduction of 50% or greater should be required in order to consider further injections during the therapeutic phase, the request for epidural steroid injection at this time is not considered medically necessary.

Physical therapy x 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 58-59) indicate that manual therapy and manipulation are recommended as options in low back pain. A prior certification of physical therapy occurred per the record, but no progress notes in the provided documents indicate the level of effectiveness/functional improvement following treatment. With respect to therapeutic care, the MTUS recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement allowing for up to 18 visits over 6-8 weeks. If the case is considered a recurrence/flare-up, the guidelines similarly indicate a need to evaluate treatment success. Overall, while previous records indicate a lack of objective evidence to support functional improvement with prior physical therapy treatment, it is possible the patient may benefit from conservative treatment with manual therapy at this time. However, further documentation of functional improvement is required to support the request. The guidelines indicate a time to produce effect of 4-6 treatments, which provides a reasonable timeline by which to reassess the patient and ensure that education, counseling, and evaluation for functional improvement occur. In this case, the request for 6 visits to physical therapy without documented evidence of added clinical benefit from prior treatment is not medically necessary.

Compound Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: The MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. As the provided records do not give definitive details about the requested compound, it cannot be ensured that any agent in the compound is not contraindicated, and therefore the requested compounded topical medication cannot be considered medically necessary at this time.