MAXIMUS Federal Services

Case Number:	CM15-0084331		
Date Assigned:	05/06/2015	Date of Injury:	06/10/2010
Decision Date:	06/11/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/01/2015

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 63 year old male patient who sustained an industrial injury on 06/10/2010. The patient suffered a lifting injury resulting in chronic low back pain with significant flare ups. A primary treating office visit dated 08/19/2014 reported subjective complaint of persistent low back pain. He has completed a course of physical therapy and wishes to pursue additional sessions due to the fact that he has lost weight and also noted with increased strength. The current medications are helping with the pain and with both medications and therapy the pain is tolerable. Previous diagnostic testing to include: radiographic study, magnetic resonance imaging, electric nerve conduction study. Treatment modalities involved over the counter medications, prescribed medications, rest, activity, home exercise program, physical therapy. Objective findings this visit described spasms noted in the lumbar paraspinal muscles with stiffness and tenderness along the lumbar facet joints. He is diagnosed with chronic low back pain; lumbar facet pain; bilateral sacroilitis, and possibility of lumbar radiculopathy. The plan of care noted prescribing Norco 5/325mg, Trazadone, Etodolac, along with additional physical therapy sessions. He is to follow up in 4-5 weeks and return to modified work duty through 11/30/2014. A more recent orthopedic visit dated 03/19/2015 reported present medications as: Norco, 2-3 tabs daily. He has a previous surgical history to include: bilateral ankle surgeries from 1991 to 2013; left femur fracture repair 1991; multiple right knee surgeries from 1986 to 1992. The patient last worked 06/2010. Objective findings this visit showed the patient with a slight antalgic gait, subtle weakness with heal walk bilaterally. There is tenderness to palpation of the distal lumbar spine with discomfort upon extension, and flexion

maneuvers. Motor examination revealed mild right dorsiflexor weakness. He has undergone both radiography study, and magnetic resonance imaging of lumbar spine. The impression noted chronic progressive lumbago with primary left lower extremity radiculopathy, and lumbar spondylosis, stenosis at L2-5. The plan of care discussed continuing with conservative treatment to involve: left transforaminal injection, a course of physical therapy, and return visit in two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre Epi consult: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 corroborated by neuroimaging 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. As ESI is not supported, Pre ESI consult is not medically necessary.

Lumbar epidural left L2-3, L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 corroborated by neuroimaging 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. The request is not medically necessary.

Physical therapy 12 visits for lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy Page(s): 174.

Decision rationale: The medical records indicate PT eval for the lumbar spine with physical examination noting strength decrease and reduced ranged of motion. MTUS supports PT for identified deficits with goals of therapy. The medical records support the presence of strength deficits for which PT may benefit the insured. The request is medically necessary.