

Case Number:	CM13-0008571		
Date Assigned:	12/11/2013	Date of Injury:	12/05/2012
Decision Date:	02/06/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56-year-old male who reported an injury on 12/05/2012. The mechanism of injury was stated to be the patient was lifting a roll of paper weighing approximately 50 pounds when he suddenly felt back pain that spread to his left leg. The patient was noted to have an MRI which revealed compromise of the exiting L4 nerve roots and degenerative listhesis at L4-5 with high grade, right greater than left lateral foraminal stenosis. The patient was noted to have an objective physical examination which revealed the patient had reflexes of 1+ in the knees with midline tenderness and possible muscle tenderness. The motor strength was noted to be 5+/5 in all extremities and the straight leg raise was noted to be positive in the lumbar spine at 90 degrees. Diagnoses were noted to include degenerative spondylolisthesis at L4-5 and L5-S1 degenerative disc with sagittal kyphosis and increased wedging. The recommendation was noted to be an epidural steroid injection and physical therapy. –

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural injection (unspecified levels): Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines indicate that a recommendation for an epidural steroid injection is contingent on the documentation of radiculopathy by physical examination and imaging studies and/or electrodiagnostic testing. The Guidelines also indicate that radiculopathy must also be initially unresponsive to conservative treatment. Per the clinical documentation submitted for review, the patient was noted to have 1+ reflex in the knees and a seated straight leg raise at 90 degrees; however, there was lack of dermatomal findings. The patient was noted to have degenerative listhesis at L4-5 with a high grade, right greater than left lateral foraminal stenosis/compromise of the exiting L4 roots bilaterally. However, there was lack of documentation of recent conservative care. The patient was noted to undergo physical therapy and there was a lack of documentation of the patient's functional response to therapy. Additionally, there was a lack of documentation indicating the level of treatment and laterality that was being requested. Given the above and the lack of laterality, the request for epidural injection at unspecified levels is not medically necessary and appropriate.

Physical therapy 12 sessions for the low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 5th Edition (web), 2007, Low Back- Physical therapy Post ESI

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

Decision rationale: The MTUS Chronic Pain Guidelines states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review failed to provide the necessity for the requested therapy. The patient was however, noted to have decreased lumbar range of motion. There was lack of documentation indicating prior treatment as the patient's injury was noted to be in 2012. The requested 12 sessions would not be supported as there is lack of documentation indicating the patient's functional response to prior therapy and indicating how many sessions the patient previously had. Given the above, the request for 12 physical therapy sessions for the low back is not medically necessary and appropriate.