

Case Number:	CM14-0124478		
Date Assigned:	08/08/2014	Date of Injury:	04/03/1998
Decision Date:	10/09/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Emergency Medicine, and is licensed to practice in Texas. 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/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 injured worker is a 68-year-old female who reported an injury on 04/03/1998. The injury reported was when the injured worker was lifting a cabinet. The previous treatments include physical therapy, epidural steroid and medication, acupuncture, injections. In the clinical note dated 07/07/2014, it was reported the injured worker complained of leg pain and inability to ambulate. On physical examination, the provider noted the lower extremity motor strength was intact at 5/5 throughout all muscle groups with no sensory defects. The provider requested an epidural steroid injection at L2-3 and physical therapy. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated 08/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Injection at L2-3 Level: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in a dermatomal distribution with

corroborative findings of radiculopathy. The guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic study testing, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs, and muscle relaxants. There is a lack of imaging studies to corroborate the diagnosis of radiculopathy. There is a lack of significant neurological deficits, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. There is a lack of documentation indicating the injured worker had been unresponsive to conservative treatment. Therefore, the request is not medically necessary.

Physical Therapy 18 Sessions: 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): 98-99.

Decision rationale: The California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. There is a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the therapy. There is a lack of documentation including an adequate and complete physical examination demonstrating the injured worker had decreased functional ability and decreased strength and flexibility. Additionally, the number of sessions the provider is requesting exceeds the guideline recommendations. Therefore, the request is not medically necessary.