

Case Number:	CM14-0125037		
Date Assigned:	09/16/2014	Date of Injury:	03/02/2014
Decision Date:	10/29/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 44 year old female who sustained an injury to her low back on 03/02/14. Mechanism of injury was not documented. MRI of the lumbar spine dated 05/21/14 revealed presence of a central disc protrusion at L4-5 with mild facet changes at L5-S1. The injured worker received unspecified amount of previous physical therapy. Clinical note dated 07/03/14 reported that the injured worker complained of low back pain that "stays about the same with radiation to the left upper leg". Physical examination noted lumbar muscle spasm, intact sensation, normal strength and symmetrical reflexes; range of motion limited. The injured worker was diagnosed with low back pain and L4-5 lumbar disc protrusion. The injured worker was recommended lumbar epidural steroid injection and to continue physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection at L4-L5: Upheld

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

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

Decision rationale: The request for epidural steroid injection at L4-5 is not medically necessary. In this case, multiple clinical records indicate evidence of a normal neurological examination and no findings of a lumbar radiculopathy. MRI also notes no evidence of neurocompression. In the absence of evidence of radiculopathy by exam and guideline criteria for the use of an epidural steroid injection was not deemed as medically appropriate. The CAMTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given this, the request for epidural steroid injection at L4-5 is not indicated as medically necessary.

Physical therapy for the lumbar spine quantity 6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Physical therapy (PT)

Decision rationale: Records do not indicate instruction on a home exercise program and in the absence of evidence of clinical efficacy of the prescribed physical therapy program, additional visits were not deemed as medically appropriate. The Official Disability Guidelines recommend up to 10 visits over eight weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to three or more visits a week to one or less), plus active self-directed home physical therapy. There was no indication that the injured worker was actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the Official Disability Guidelines recommendations, either in frequency or duration of physical therapy visits. Given this, the request for physical therapy for the lumbar spine times six visits is not indicated as medically necessary.