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| Case Number: | CM14-0146684 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 03/26/2014 |
| Decision Date: | 10/31/2014 | UR Denial Date: | 08/29/2014 |
| Priority: | Standard | Application Received: | 09/09/2014 |

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 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 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 38-year-old male who reported an injury on 03/26/2014. The mechanism of injury was the injured worker hurt his lower back moving freight. The injured worker underwent an MRI of the lumbar spine on 05/14/2014 per documentation, which revealed a broad-based disc protrusion at L4-5 generating moderate spinal stenosis. The injured worker had an x-ray of the lumbar spine which revealed anterosuperior spurring at L3 and L5. The intervertebral disc spaces were well maintained. There was no evidence of calcification. The overall osseous density was satisfactory. Prior therapies included medications and physical therapy. The injured worker's medications were noted to include tramadol HCl 50 mg and nabumetome 750 mg. The physical therapy evaluation of 04/18/2014 revealed the injured worker should have physical therapy of 3 times a week times 4 weeks. The documentation of 07/14/2014 revealed the injured worker had pain in the low back and neck. The physical examination of the lumbar spine revealed the injured worker had discomfort with deep palpation in the midline. There was no gross deformity. The iliac crests were parallel. The range of motion was decreased and painful. The straight leg raise revealed tight hamstrings and was positive in 80 degrees bilaterally in the supine position. The muscle strength was 5/5 in all tested lower extremity motor groups. Sensation was intact to pinprick and light touch testing in all dermatomes. The reflexes were trace and symmetrically hypoactive at the patella and Achilles bilaterally. The injured worker's circumferential measurements were equal bilaterally. The diagnoses included lumbar spine strain with 6 mm L4-5 disc protrusion. The treatment plan included 3 lumbar epidural steroid injections and a home exercise program. There was no Request for Authorization or rationale submitted for the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 lumbar epidural steroid injections: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections when there are findings of radiculopathy that are corroborated by electrodiagnostics or imaging studies. There should be documentation the injured worker had failed conservative care, including exercise, physical methods, NSAIDs, and muscle relaxants. The clinical documentation submitted for review failed to provide documentation of radiculopathy upon physical examination. Additionally, a series of 3 epidural steroid injections is not recommended. The maximum number of epidural steroid injections is 2. There could be no second injection without the injured worker's objective response to the prior injection. The clinical documentation submitted for review failed to provide radicular findings upon physical examination. There was a lack of documentation of radicular findings upon MRI. There was a lack of documentation of conservative care. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, the request as submitted failed to indicate the level and laterality of the requested injections. Given the above, the request for a series of 3 lumbar epidural steroid injections is not medically necessary.

2 x 8 Physical Therapy sessions to low back: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for 8 to 10 visits for myositis and myalgia and 9 to 10 visits for radiculitis. The clinical documentation submitted for review indicated the injured worker had previously undergone therapy. However, there was a lack of documentation indicating the number of sessions that were attended and the objective functional benefit that was received. There was a lack of documentation of objective functional deficits to support the necessity for continued physical medicine treatment. The request for 16 sessions would be excessive. Given the above, the request for 2 times 8 physical therapy sessions to the low back is not medically necessary.