

Case Number:	CM14-0161796		
Date Assigned:	10/07/2014	Date of Injury:	08/06/2013
Decision Date:	11/13/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/02/2014

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 Occupational Medicine 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:

Patient is 38 year-old male with date of injury 08/06/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/28/2014, lists subjective complaints as pain in the low back with radicular symptoms to the bilateral lower extremities. MRI of the lumbar spine dated 11/21/2013 was notable for disc desiccation with disc space narrowing at the L3-4, L4-5, and L5-S1 levels with the most significant narrowing at the L5-S1 levels. At L5-S1 there is a broad-based disc bulge and facet joint hypertrophy resulting in moderate left neural foraminal narrowing and mild right neural foraminal narrowing. Objective findings: Examination of the lumbar spine revealed no tenderness to palpation or trigger points with active range of motion of 45 degrees of forward flexion, 10 degrees of extension and 20 degrees of lateral flexion to either side. Straight leg raise test was negative for lower limb maneuvers and negative SI joint provocative maneuvers. Manual muscle testing revealed 5/5 strength proximally and distally. Sensory examination was intact with the exception of decreased sensation on the right anterior thigh. Muscle stretch reflexes were 2+ and symmetric. Upper motor neuron signs were negative. Diagnosis: 1. Discogenic low back pain with bilateral lumbar radiculitis. It was noted that the patient has completed physical therapy sessions, but the dates and number of visits were not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. Therefore, the twelve (12) Physical therapy sessions are not medically necessary and appropriate.

Bilateral L5-S1 TESI (Transforaminal Epidural Steroid Injections) under conscious sedation /anesthesia: Upheld

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

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

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The physical exam fails to document radiculopathy. Therefore, the request of bilateral L5-S1 TESI (Transforaminal Epidural Steroid Injections) under conscious sedation /anesthesia is not medically necessary and appropriate.