

Case Number:	CM14-0163076		
Date Assigned:	10/08/2014	Date of Injury:	10/11/2010
Decision Date:	11/04/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/03/2014

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:

This 58 year-old Fire Captain sustained an injury on 10/11/10 while employed by [REDACTED]. The patient claimed stress, elevated blood pressure and palpitations due to politics at work. Request(s) under consideration include Bilateral lumbar injection at the L5-S1 level and Additional physical therapy (PT) eight (8) sessions to the lumbar. Diagnoses include lumbar disc displacement/ neuritis/ disc degeneration/ postsurgical state; lower leg osteoarthritis. The patient is s/p (status post) lumbar fusion on 10/3/13; authorized for right total knee replacement in May 2014 scheduled for 10/3/14. The patient is s/p 27 post-op PT sessions. Report of 7/22/14 from the provider noted the patient with ongoing chronic neck and lumbar pain radiating into left lower extremity with associated numbness in left foot and posterior right leg. The patient has continued knee pain and mild radiculopathy, improved. Exam showed mildly positive SLR (straight leg raise) on left, mild sciatic notch pain; noted weakness but with 5/5 motor strength. The patient is working regular duty. Treatment included LESI with 8 sessions of PT. The request(s) for Bilateral lumbar injection at the L5-S1 level and Additional physical therapy (PT) eight (8) sessions to the lumbar were non-certified on 9/9/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar injection at the L5-S1 level: 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)

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits to support the epidural injections. Clinical findings indicate mildly positive SLR and sciatic notch pain; however, without any motor or sensory deficits or radicular signs. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. It has been noted the patient is making overall improvement with physical therapy. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified acute pathological lesion noted. The Bilateral lumbar injection at the L5-S1 level is not medically necessary and appropriate.

Additional physical therapy (PT) eight (8) sessions to the lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM (range of motion), strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Additional physical therapy (PT) eight (8) sessions to the lumbar is not medically necessary and appropriate.

