

Case Number:	CM14-0097059		
Date Assigned:	07/30/2014	Date of Injury:	12/31/2010
Decision Date:	10/14/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/25/2014

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 Interventional Spine 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 patient is a 50 year old male with an injury date of 12/31/2010. Based on the 05/15/2014 progress report provided by [REDACTED], the diagnoses are: 1. Left lower extremity radicular pain 2. Status post left L4-L5 and L5-S1 transforaminal epidural steroid injection (07/02/2013) 3. Left buttock and hip pain 4. Status post median branch block at left sacroiliac joint (01/05/2013) According to this report, the patient complains of "pain localized along his left lower quadrant, left anterior abdomen, left anterior thigh and lateral thigh with pain radiating to the left leg and ankle." Weakness of the left hip abductor and positive toes walk was noted. The patient has a prior left L4-L5 and L5-S1 transforaminal epidural steroid injection on 07/02/2013 with no improvement. A recent EMG on 02/21/2014 reveals S1 lumbosacral radiculopathy. [REDACTED] is requesting: 1. Left L5-S1, transforaminal epidural steroid injection 2. Massage therapy X 6 visits for low back pain 3. Physical therapy X 6 visits for low back There were no other significant findings noted on this report. The utilization review denied the request on 05/21/2014. [REDACTED] is the requesting provider, and provided treatment reports from 12/17/2013 to 05/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1, Transforaminal Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46-47.

Decision rationale: According to the 05/15/2014 report by [REDACTED] this patient presents with pain localized along his left lower quadrant, left anterior abdomen, left anterior thigh and lateral thigh with pain radiating to the left leg and ankle. The treating physician is requesting left L5-S1 transforaminal epidural steroid injection. The utilization review denial letter states the patient underwent prior left L4-L5 and L5-S1 transforaminal epidural steroid injection on 07/02/2013 with no improvement." Regarding epidural injection, MTUS Guidelines page 46 and 47 "Recommended as an option for treatment for radicular pain." For repeat injections during therapeutic phase, "continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year." Review of the reports show that the patient had an ESI in the past with no improvement. There is no documentation of functional improvement and the degree of relief is not documented to determine whether or not 50% or more was achieved. Medication reduction was not documented either as required by MTUS. Repeat injection does not appear indicated. The request is not medically necessary.

Massage Therapy X 6 visits for low back pain: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to the 05/15/2014 report by [REDACTED] this patient presents with pain localized along his left lower quadrant, left anterior abdomen, left anterior thigh and lateral thigh with pain radiating to the left leg and ankle. The treating physician is requesting 6 sessions of massage therapy for low back pain. For massage therapy, the MTUS guideline page 60, "recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases." In this case, review of the medical file does not show any sessions of massage therapy or any discussions thereof. It is possible the patient has had massage therapy in the past with the documentation not provided. However, given that the review of the current reports make no reference to a recent course of therapy, a short course may be reasonable. The request is medically necessary.

Physical Therapy X 6 visits for low back: Upheld

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

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

Decision rationale: According to the 05/15/2014 report by [REDACTED] this patient presents with pain localized along his left lower quadrant, left anterior abdomen, left anterior thigh and lateral thigh with pain radiating to the left leg and ankle. The treating physician is requesting 6 sessions of physical therapy for low back pain. The utilization review denial letter states "there are no time-limited treatment goals provided to support physical or massage therapy at this time." For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available reports show no therapy reports and there is no discussion regarding the patient's progress on any of the reports. If the patient did not have any recent therapy, a short course of therapy may be reasonable if the patient's symptoms are flared or significantly declined in function. However, the treating physician does not discuss the patient's treatment history or the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treating physician provide monitoring of the patient's progress and make appropriate recommendations. The request is not medically necessary.