

Case Number:	CM13-0015070		
Date Assigned:	03/12/2014	Date of Injury:	04/13/2000
Decision Date:	01/26/2015	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/21/2013

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 Neurology, has a subspecialty in Clinical Neurophysiology and is licensed to practice in Virginia. 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:

According to the records made available for review, the injured worker is a 37-year-old male with an original date of injury of 13 April, 2000. The mechanism of injury was an MVA. According to the records, the patient underwent lumbar epidural steroid injections in 2013 (specific day was not clarified in the record) which provided only 40% pain relief. There is a documented report of an MRI of the L-spine dated 14 August, 2014. This documents a straightening of the lumbar vertebral body. This finding is consistent with a musculoskeletal strain. There is no disc herniation, no stenosis, and no nerve root displacement or compression of the spinal canal. Facet fluid is seen at multiple levels but most prominently on the left L3-L4 levels. There is a clinical note dated 11 December, 2014. In this it is documented that the injured worker continues to experience low back pain. He is taking Percocet and Skelaxin for pain. He continues a home exercise program which involves strengthening and stretching. On exam, lumbar extension causes back pain. Palpation of the lumbar facet regions causes pain bilaterally. Strength testing in the right lower extremity shows normal strength. Strength testing of the left lower extremity shows normal quadriceps strength. Strength is 5 minus out of 5 in the left tibialis anterior, toe flexors, and 4/5 weakness in the left EDB and peroneus muscle groups. Reflex testing shows bilateral Achilles reflexes are 2. Bilateral patellar reflexes were 2. The patient is diagnosed in this clinical note with lumbar facet syndrome, left L5 radicular weakness, and an L4-L5 disc bulge. There is no specific treatment plan for the injured workers home exercise program or is there a documentation of its effectiveness in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4, L4-L5, and L5-S1 lidocaine and steroid facet injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12, 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states that invasive techniques such as facet joint injections of cortisone and lidocaine are of questionable merit. Of note, epidural steroid injections may provide short-term improvement of leg pain and a decrease in sensory deficits in patients with nerve root compression due to her herniated nucleus pulposus. The treatment with epidural steroid injections provides no significant long-term functional benefit, nor does it reduce the need for surgery. The guidelines further states that many pain physicians believe that diagnostic and or therapeutic injections such as facet joint injections may have some benefit in patients presenting in the transitional phase between acute and chronic pain. In the case detailed above the patient was initially injured in the year 2000 and is therefore in the chronic phase of his pain syndrome. Therefore, according to the guidelines and a review of the evidence, the request for bilateral L3-L4, L4-L5, L5-S1 lidocaine and steroid facet injections are not medically necessary.

Functional oriented physical therapy, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12, 300.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states that physical therapy can provide short-term relief during the early phases of pain treatment. Physical therapy is shown to decrease inflammation and swelling and to improve the rate of healing of soft tissue injuries. It is useful for restoring flexibility, strength, endurance, and range of motion. Active physical therapy requires an internal effort by the individual to complete a specific exercise task. This form of therapy may require supervision from a medical provider. The guidelines allow for a fading of treatment frequency (from up to 3 visits per week to 1 or less) plus an active self-directed home physical therapy plan. The guidelines recommend that the duration of treatment for pain due to neuralgia, neuritis, and radiculitis is for 8-10 visits over 4 weeks. In the case clarified above, the injured worker has a chronic pain syndrome. He has undergone a well-documented home exercise program however is not clarified in the medical records the details or duration of his treatment. There is no treatment plan or measure of the effectiveness of this treatment plan as to how it has affected the patient's pain management. Therefore, according to the guidelines, and a review of the evidence, the request for functional oriented physical therapy (8 sessions) is not medically necessary.

