

Case Number:	CM14-0196744		
Date Assigned:	12/04/2014	Date of Injury:	06/08/2012
Decision Date:	01/22/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/24/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 8, 2012. In a Utilization Review Report dated October 28, 2014, the claims administrator approved a functional restoration program evaluation while denying six sessions of physical therapy and denying an epidural steroid injection. The claims administrator stated that the applicant had had extensive prior conservative treatments, including manipulative therapy, physical therapy, and acupuncture. The applicant reportedly had right paracentral disk herniation with an annular fissure noted on lumbar magnetic resonance imaging (MRI) imaging of February 13, 2014, a normal bone scan of March 20, 2014, and reportedly negative electrodiagnostic testing of the lower extremities on March 26, 2014. The claims administrator stated that there was no clear or compelling evidence of radiculopathy so as to compel the epidural steroid injection. The claims administrator stated that the applicant had already had extensive physical therapy and had failed to profit from the same. The claims administrator cited a September 13, 2014 progress note in its denial. The applicant's attorney subsequently appealed. On September 17, 2014, the applicant reported ongoing complaints of low back pain radiating into the right leg. The applicant reported ongoing issues with low back, mid back, and neck pain. The attending provider noted that the applicant had a minimal disk protrusion at L5-S1 and acknowledged that electrodiagnostic testing was negative for lumbar radiculopathy. A rather proscriptive 10-pound lifting limitation was endorsed, along with an L5-S1 lumbar epidural steroid injection. The attending provider seemingly suggested that the request was a repeat epidural injection, although this was not clearly stated. The applicant did not appear to be working with a rather proscriptive 10-pound lifting limitation in place. In a September 29, 2014 psychiatric Medical-legal Evaluation, it was acknowledged that the applicant was receiving indemnity benefits from the Workers'

Compensation claims administrator as well as from unemployment compensation. The applicant had issues with depression resulting in a Global Assessment of Functioning (GAF) 57, it was acknowledged. In a July 27, 2013 initial consultation, it was acknowledged that the applicant was not working owing to issues with chronic pain syndrome and depression. Flexeril, Topamax, and Methoderm cream were endorsed as of this point in time. The applicant seemingly remained off of work during large portions of 2013 and 2014. Permanent work restrictions were endorsed on a permanent and stationary report dated May 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option for radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that epidural steroid injection therapy should be reserved for applicants with electrodiagnostically and/or radiographically confirmed lumbar radiculopathy. In this case, the attending provider has himself acknowledged that the applicant does not have clear or compelling radiographic or electrodiagnostic evidence of radiculopathy. The multifocal nature of the applicant's pain complaints, which include the neck, mid back, low back, psyche, etc., further argue against any lumbar radiculopathy here. Earlier lumbar MRI imaging and electrodiagnostic testing were essentially negative, the requesting provider acknowledged. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a role for diagnostic epidural blocks, in this case, there was no mention of this injection's representing diagnostic blocks. Therefore, the request is not medically necessary.

Physical Therapy, six sessions for the spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Physical Medicine Page(s): 8, 99.

Decision rationale: While page 99 of the California MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 9-10 sessions of treatment for radiculitis, the diagnosis reportedly present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there

must be demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. Here, however, the applicant was/is off of work, although it is acknowledged that this may, in part, be a function of the applicant's mental health issues as opposed to the applicant's chronic pain issues alone. The applicant remains dependent on various analgesic medications, including Topamax, Flexeril, Mentherm, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.