

Case Number:	CM14-0026313		
Date Assigned:	06/13/2014	Date of Injury:	01/28/2008
Decision Date:	01/31/2015	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/03/2014

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 Family Practice 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 53-year-old female with a date of injury on 1/28/08. She is status post right L5-S1 level laminectomy, foraminotomy, and facetectomy in 2012 and lumbar laminectomy x2 in 2010, 2011. She completed 30 PT sessions in 2012. Lumbar epidural injections were requested on 10/24/13 and 11/22/13 for L4-5 and L5-S1, and were denied. She is diagnosed with status post remote lumbar decompression and neurologic encroachment left L4-5 and L5-S1. Treating physician's report dated 11/12/13 pointed out that neurologic findings remain disproportionate, and electrodiagnostic studies were requested. L-Spine MRI dated 1/12/13 revealed " L4-5: Moderated left and mild right neural foraminal narrowing secondary to 1-2 mm posterior disc bulge and facet joint hypertrophy. L5-S1: Moderate right and moderate to severe left neural foraminal narrowing secondary to 2 to 3 mm posterior disc bulge and facet joint hypertrophy." Lumbar spine MRI dated 10/4/13 indicated that there is no definite MR explanation for the patient's presentation. Multilevel degenerative disc and facet changes were noted. There was no definite nerve root compression. The patient was seen on 1/29/14 complaining of 9/10 low back pain (right greater than left). Examination revealed tenderness, limited ROM, positive SLR on the left and difficulty arising from seated position. ESI at left L4-5 and L5-S1, additional lumbar PT, and EMG/NCV of bilateral lower extremities were recommended. On a reconsideration report dated 1/30/14, the physician noted that the review of the most recent MRI demonstrated neural encroachment on the left L4-5 and L5-S1. It was also noted that the patient has had no epidural steroid injections to date. The physician added that the patient has failed 18 sessions of postoperative physical therapy for the lumbar spine. The request for PT 3x4 for the L-Spine and ESI on the left at L4-L5 and L5-S1 were denied on 02/27/14. EMG of the bilateral lower extremities was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 for the lumbar spine: Upheld

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

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

Decision rationale: As per CA MTUS guidelines, physical medicine 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. In this case, the patient has undergone prior lumbar surgeries and has completed physical therapy treatments. The medical records do not establish subjective or objective functional gains obtained from past physical therapy treatments to support the request for additional supervised physical therapy sessions. The request for physical therapy 3x4 for the lumbar spine is not medically necessary.

Epidural steroid injection on the left at L4-L5 and L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 45-46.

Decision rationale: As per CA MTUS guidelines, epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of ESIs include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the most recent MRI dated 10/4/13 did not indicate presence of nerve root compression at the L4-5 and L5-S1 levels. Furthermore, neurologic findings remain disproportionate, and the requested electrodiagnostic studies have been certified. As noted by the guidelines, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing to support an epidural steroid injection. As such, the request for LESI would not be supported at this juncture. The request for epidural steroid injection on the left at L4-L5 and L5-S1 is not medically necessary.