

Case Number:	CM14-0212888		
Date Assigned:	12/30/2014	Date of Injury:	08/31/2011
Decision Date:	03/04/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 records presented for review indicate that 50-year-old gentleman sustained an injury on August 31, 2011. The mechanism of injury was a slip and fall type event. Previous treatment has included the use of wrist splints, physical therapy, chiropractic care, acupuncture, and group psychotherapy which was stated to have been helpful. The most recent progress note dated December 12, 2014 includes a complaint of neck pain, upper back pain, and lower back pain. Pain was rated at 6-7/10 without medication. Current medications are stated to provide 60 to 80% decrease in pain down to 2/10 and increase his ability to function and perform activities of daily living. The physical examination on this date revealed slightly decreased range of motion of the bilateral shoulders, cervical spine, and lumbar spine. Multiple myofascial trigger points were noted throughout the cervical paraspinal muscles, trapezius, levator scapulae, scalene, and infraspinatus as well as the thoracic and lumbar spine paraspinal muscles and gluteal muscles. There was decreased sensation of the second, third, fourth, and fifth digits of both hands and the posterior aspect of the right thigh. Bilateral grip strength was rated at 4+/5 and there was tenderness at the bilateral medial epicondyles. An MRI of the lumbar spine dated July 28, 2014 includes findings of congenital stenosis and disc bulging at L3 - L4 and L4 - L5. The treatment plan included a request for lumbar epidural steroid injections, continued psychotherapy, swimming pool therapy, home exercise, deep breathing relaxation techniques, and medication refills of tramadol, mirtazapine, and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

HEP: swimming pool exercises daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, 46-47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatherapy Page(s): 22, 47.

Decision rationale: The California MTUS guidelines recommends aquatic therapy as an optional form of therapy to land-based physical therapy where reduced weight bearing is desirable. The attached medical record indicates that the injured employee has previously attended land-based physical therapy and this was stated to have been helpful. Considering this it is unclear why there is a request for a change to aquatic therapy at this time. Additionally the injured employee is already stated to be participating in a home exercise program without any justification supplied for additional therapy. For these reasons, this request for formal swimming pool exercises/aquatic therapy is not medically necessary.

Lumbar epidural steroid injection at L4-L5: Upheld

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

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

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. According to the most recent progress note dated December 12, 2014 there no subjective complaints of a radiculopathy nor are there any findings

on physical examination or corroboration electrodiagnostic; nor is there any potential neurological involvement noted on the MRI of the lumbar spine which was dated July 28, 2014. Without corroboration of subjective complaints and objective findings, the request for a lumbar spine epidural steroid injection is not medically necessary.