

Case Number:	CM14-0215235		
Date Assigned:	01/02/2015	Date of Injury:	08/28/2001
Decision Date:	02/25/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/23/2014

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 worker is a 59 year old male who was injured on 8/28/2001 during an automobile accident. He was diagnosed with lumbar radiculopathy and myofascial pain syndrome. He was treated with ProDisc surgery, lumbar fusion surgery, myofascial release, acupuncture, and medication. MRI of the lumbar spine from 11/5/14 showed minimal lumbar annular disc bulges at L2-3 and L4-5 levels with mild central canal stenosis at L4-5 and moderate bilateral neural foraminal narrowing. On 11/11/14, the worker was seen by his treating physician reporting continual low back pain, mostly on the left side, and with radiation to the left leg, causing it to go numb occasionally when sitting for prolonged periods of time. He reported myofascial therapy being helpful in providing temporary relief of his symptoms for one to two days only. He reported his pain level at 5/10 on the pain scale. He reported using Valium. Physical findings included tenderness of the lumbar paraspinals, pain radiation along the L4, L5, S1 dermatomes, significant lumbar spasm, and range of motion limitations of the lumbar spine. He was then recommended 6 additional sessions of myofascial release therapy and an epidural injection to the L4-5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial Release Therapy x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 146.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: The MTUS Guidelines do not directly address myofascial release therapy as an option for treating low back pain/injuries. However, the MTUS Guidelines does state that any passive modality such as this should be limited and only combined with active modalities for the purpose of increasing strength and function, but should not be used chronically. Considering the factors in this case, with reports of temporary relief of his symptoms for 1-2 days only, it might seem reasonable to continue. However, there was no report of any active physical therapy (home exercises) that was currently being performed during this time to help justify any continuation of this passive modality. Also, there was insufficient documentation of the functional benefits related to the myofascial release therapy. Therefore, the myofascial release will be considered medically unnecessary and is unlikely to aid the worker in the long-term.

L4-L5 Epidural steroid injection under IV sedation: Overturned

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

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

Decision rationale: The MTUS Guidelines state that Epidural Steroid Injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy 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, and 8. Current research does not support series-of-three injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, this request is medically necessary.

