

Case Number:	CM14-0030891		
Date Assigned:	06/20/2014	Date of Injury:	12/10/2009
Decision Date:	01/21/2015	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/11/2014

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 is licensed to practice in New Jersey. 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 injured worker is 65 year-old female who was injured on 12/10/09 in an automobile accident. She had a rear-end collision where she was thrown forward in her seat and then back against the seat. She complained of neck pain radiating to right upper extremity, low back pain radiating to right hip, buttock, and groin with numbness, tingling, and spasm. On exam, she had pain with limited range of motion of lumbar spine, tender sciatic notch, decreased right Achilles reflex, normal strength except for weakness of right foot eversion. A 12/2011 electrodiagnostic test did not reveal any lumbosacral radiculopathy. A 1/2014 MRI of lumbar spine showed L5-S1 disc desiccation, mild loss of posterior intervertebral disc height, 4mm central posterior disc protrusion with bilateral paracentral extension and with bilateral foraminal extension, right more than left, indenting the thecal sac and slightly impinging on the right S1 nerve root in the right lateral recess and abutting the left S1 nerve root in the lateral recess, facet arthropathy, mild to moderate right lateral recess stenosis, and mild left lateral recess stenosis. She was diagnosed with trapezius and lumbar spasm and lumbar spine herniated nucleus pulposus with disc collapse at L5-S1 with right lower extremity radicular pain and paresthesia. Her treatment included multiple physical therapy sessions (approximately 20) with improvement and medications like Anaprox, Flexeril, and topical creams. She continued with a home exercise program. The current request is for lumbar transforaminal epidural steroid injection right L5-S1 level and 12 physical therapy sessions for the lumbar spine which were not authorized by utilization review on 2/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar TFESI right L5-S1 level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The request for a right transforaminal epidural steroid injection at L5-S1 is not medically necessary. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the chart, there was documentation of slightly decreased strength in right foot eversion, but no mention of decreased sensation. The patient had an MRI showing abutment of S1 nerve root, but had negative electrodiagnostic testing which revealed no lumbar radiculopathy. The patient has been treated with conservative measures including physical therapy, which was documented to have improved symptoms significantly. The chart does not show a failure to improve after conservative treatment modalities. Therefore, the request is considered medically unnecessary.

Physical Therapy x 12 visits for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The request for physical therapy for lumbar spine is not medically necessary. The patient has already received an approximately 20 physical therapy sessions with documentation of subjective or objective improvement. The patient should be able to continue the home exercise program she was taught at this point. According to MTUS, there should be fading of treatment frequency and self-directed home Physical Medicine. The maximum amount of visits for myalgias and neuralgias is 10 visits which the patient has already exceeded. Therefore, the request is considered not medically necessary.