

Case Number:	CM15-0003574		
Date Assigned:	01/14/2015	Date of Injury:	07/03/2009
Decision Date:	03/18/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/07/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 a 57 year old female, who sustained an industrial injury on July 3, 2009. The diagnoses have included cephalgia, right wrist strain, lumbar spine degenerative disc disease, bilateral knee contusion, right knee arthroscopic partial medial menisectomy and right ankle sprain. Treatment to date has included pain medication and home exercise program. Currently, the injured worker complains of incidents of her legs giving way with increased pain and aggravation of her low back. She complains of low back pain which radiates to the bilateral legs. On examination, the lumbar spine was tender to palpation over the bilateral L5-S1 level, the bilateral sciatic notch and bilateral posterior thighs. There is pain with extension and flexion and extension are limited. She also noted that she has increased pain with household chores and after exertion. She uses a cane for ambulation and performs a home exercise program. The evaluating physician noted that she continued to have lumbar spine symptomology and recommended a lumbar steroid epidural injection and physical therapy for the lumbar spine. On December 12, 2014, Utilization Review non-certified a request for lumbar epidural steroid injection and eight sessions of physical therapy to the lumbar spine, noting that the documentation does not provide improvement with previous physical therapy and the evaluation of the effectiveness of previous epidural steroid injections were not provided. The California Medical Treatment Utilization Schedule was cited. On January 7, 2015, the injured worker submitted an application for IMR for review of lumbar epidural steroid injection and eight sessions of physical therapy to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (with Dr. [REDACTED]): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: This patient presents with neck, bilateral hands, bilateral wrists/fingers, low back pain, bilateral hips, bilateral knees, and right ankle/foot pain. The treater is requesting Lumbar Epidural Steroid Injection With Dr. [REDACTED]. The RFA was not made available for review. The patient's date of injury is from 07/03/2009, and the patient is currently working full duty. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. The records do not show any previous lumbar epidural steroid injection. The 11/24/2014 report notes that the patient complains of constant low back pain that radiates to the bilateral legs to the level of the posterior thighs. She experiences weakness in the bilateral legs and utilizes a cane for ambulation. Examination of the lumbar spine demonstrates tenderness to palpation over the bilateral L5-S1 level, bilateral sciatic notch, and bilateral posterior thighs. There is pain with extension. There is decreased sensation in the bilateral posterior calves to the level of all toes of the right foot and in the entire left foot. The treater references an MRI from 01/11/2011 that shows lumbar spine degenerative disk disease, multilevel; 2-mm disk bulge at L3-L4 and 2- to 3?mm disk protrusion at T11-T12. In this case, the patient has met the MTUS Guidelines for a lumbar epidural steroid injection. The request is medically necessary.

Physical therapy twice a week for four weeks for the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with neck, bilateral hands, bilateral wrists/fingers, low back pain, bilateral hips, bilateral knees, and right ankle/foot pain. The treater is requesting Physical Therapy Twice A Week For 4 Weeks For The Lumbar Spine. The RFA was not made available for review. The patient's date of injury is from 07/03/2009, and the patient is currently working full duty. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The records do not show any physical therapy reports. It appears that the patient has not had therapy recently, and a short course of physical therapy is supported by the guidelines given the patient's

significant symptoms. In this case, the requested 8 sessions are within MTUS Guidelines. The request is medically necessary.