

Case Number:	CM15-0012707		
Date Assigned:	01/30/2015	Date of Injury:	10/29/2004
Decision Date:	03/19/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/22/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 44 year old male who sustained an industrial injury on 10/29/2004. The current diagnosis includes lumbar degenerative disc disease. Treatments to date include medication management, status post lumbar surgery in 2007, and lumbar facet injections L4-L5 and L5-S1 bilaterally on 10/03/2014. Report dated 12/16/2014 noted that the injured worker presented with complaints that included bilateral back pain with radiation down both lower extremities. The injured worker stated that he felt improvement in the past with the prior epidural injection and physical therapy. No physical examination was provided for this date of service. The utilization review performed on 01/06/2015 non-certified a prescription for physical therapy 2-3 x per week for 6-8 weeks based on lack of focused physical exam to show objective functional deficits, along with documentation of why the injured worker should grossly exceed the guidelines, and epidural steroid injection at L4-5 and L5-S1 based on prior epidural steroid injections were not documented with enough details to support guidelines and the previous injections did not state which levels were treated. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2-3 times per week for 6-8 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Pain section, Physical therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 2 to 3 times per week for 6 to 8 weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is lumbar spine disease status post two-level disc replacement, good response to medications and fat injections. Reportedly, the injured worker had a facet joint injection in November 2014 with good response. There was no prior epidural steroid injection noted. Subjectively, the injured worker complains of bilateral back pain that radiates to the bilateral lower extremities. The injured worker is status post artificial disc replacement. The progress note dated December 16, 2014 states the injured worker needs an epidural steroid injection and physical therapy. The documentation indicates the injured worker has "benefited from prior physical therapy. There is no clinical indication or rationale in the medical record for physical therapy. There are no prior physical therapy sessions or progress notes in the medical record. There is no evidence of objective functional improvement with prior physical therapy in the medical record. Consequently, absent clinical documentation with objective functional improvement from prior physical therapy documentation to support ongoing/additional physical therapy, physical therapy 2 to 3 times a week for 6 to 8 weeks is not medically necessary.

Epidural steroid injection at L4-5 and L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Low back section, Epidural steroid injections

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injections at L4-L5 and L5-S1 are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory drugs and muscle relaxants); etc. See the guidelines for details. In this case, the injured worker's working diagnosis is lumbar spine disease status post two-level disc replacement, good response to medications and fat injections. Reportedly, the injured worker had a facet joint injection in

November 2014 with good response. There was no prior epidural steroid injection noted. Subjectively, the injured worker complains of bilateral back pain that radiates to the bilateral lower extremities. The injured worker is status post artificial disc replacement. The progress note dated December 16, 2014 states the injured worker needs an epidural steroid injection and physical therapy. The documentation indicates the injured worker had a facet joint injection in November 2014. The criteria for an epidural steroid injection, however, have not been met. There is no documentation of radiculopathy documented on physical examination and there are no imaging studies or electrodiagnostic studies to corroborate radiculopathy. Consequently, absent clinical documentation to support documentation of radiculopathy with corroboration by imaging studies and electrodiagnostic studies, epidural steroid injections at L4-L5 and L5-S1 are not medically necessary.