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| Case Number: | CM15-0019180 | | |
| Date Assigned: | 02/09/2015 | Date of Injury: | 08/06/2008 |
| Decision Date: | 03/31/2015 | UR Denial Date: | 01/14/2015 |
| Priority: | Standard | Application Received: | 02/02/2015 |

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 52 year old male, who sustained an industrial injury on 8/6/2008. On 2/2/15, the injured worker submitted an application for IMR for review of Physical therapy for the lumbar/sacral spine 3 times a week for 6 weeks, quantity: 18 sessions, and LESI (Lumbar Epidural Steroid Injection) at L5 S1, quantity: 2. The treating provider has reported the injured worker complained of intractable low back pain, radiation towards both lower extremities, bilateral neck pain, limited range of motion (cervical and lumbar), multi level disc herniation lumbosacral region. The injured worker has difficulty ambulating "even with a cane." The diagnoses have included lumbago, displacement intervertebral disc, neuralgia/neuritis, unspecified sleep disturbance. Treatment to date has included physical therapy, lumbar spine x-rays, MRI lumbar (10/6/14), CT Lumbar spine (10/6/14), medication, psychological evaluation, neuro consult, cardiac testing, and pulmonary stress test. On 1/14/15 Utilization Review non-certified a LESI (Lumbar Epidural Steroid Injection) at L5 S1, quantity: 2. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar/sacral spine 3 times a week for 6 weeks, quantity: 18 sessions: Upheld

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 low back pain, disc herniation, and lumbar spine radiculopathy. The request is physical therapy for the lumbar/sacral spine 3 times a week for 6 weeks on 01/06/15. The patient's work status is deferred to the primary treating physician per 11/12/14 report. Review of report does not show any prior physical therapy sessions, but utilization review letter dated 01/13/15 states "presumably, the patient has undergone previous physical therapy, considering that his injury dates back more than six years." The patient denies having any prior surgeries per 01/06/15 report. MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, there no rationale provided for the requested therapy. There is no documentation of a flare-up or decline in function requiring formalized therapy. There is no explanation as to why the patient is unable to perform the necessary exercises at home. The treater has also asked for 18 total sessions of therapy for the patient's lumbar/sacral spine. The request of 18 sessions exceeds what is allowed per MTUS. The request IS NOT medically necessary.

LESI (Lumbar Epidural Steroid Injection) at L5 S1, quantity: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Epidural Steroid Injections (ESIs) therapeutic

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

Decision rationale: This patient presents with low back pain, disc herniation, and lumbar spine radiculopathy. The request is for lumbar epidural steroid injection at L5-S1, quantity of 2 on 01/06/15. The patient's work status is deferred to the primary treating physician per 11/12/14 report. Review of provided reports does not show prior lumbar epidural steroid injections. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." In this case, the patient presents with bilateral radicular symptoms with MRI from 10/6/14 showing S1 nerve root compression due to right posterior disc protrusion. Examination appears to show root tension signs as well. However, the request is for quantity of two, or for two injections. MTUS does not support repeat injections unless the first injection results in significant reduction of pain and functional improvement. Series of injections are not supported. The request IS NOT medically necessary.

