

Case Number:	CM15-0110562		
Date Assigned:	06/17/2015	Date of Injury:	05/04/2009
Decision Date:	07/15/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/08/2015

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 45 year old male, who sustained an industrial injury on 5/4/09. He reported initial complaints of neck, upper, mid and lower back, bilateral shoulders, bilateral arms, bilateral elbows and bilateral wrist pain. The injured worker was diagnosed as having low back pain; thoracic pain; lumbar radiculopathy. Treatment to date has included status post disc replacement surgery C6-C7 (12/20/11); physical therapy; urine drug screening; medications. Diagnostics included MRI thoracic spine without contrast (2/26/15); x-rays thoracic spine (1/21/15); MRI lumbar spine (7/14/11 and 1/18/13). Currently, the PR-2 notes dated 5/20/15 indicated the injured worker remarks his pain level has remained unchanged since his last visit and rates his pain as 6/10 with medications. The pain level is 8/10 without pain medications. His quality of sleep is fair and quality of life has remained the same. His activity level has decreased and taking his medications as prescribed. The provider lists his medications as: Gabapentin 300mg three times a day; Norco 10/325mg three times a day; ibuprofen 200mg PRN and Baclofen 10mg once at bedtime. The provider documents a physical examination as the injured worker has an antalgic gait, uses no assistive devices. The thoracic spine notes tenderness of the paravertebral muscles bilaterally; the spinous process has tenderness. The lumbar spine shows no scoliosis, asymmetry or abnormal curvature noted on inspection; range of motion is restricted with flexion to 60 degrees limited by pain and extension to 5 degrees limited by pain. On palpation of the paravertebral muscles, tenderness is noted bilaterally. He is able to walk on heels and toes. Lumbar facet loading is negative on both sides. Straight leg raising test is positive on the right side. Ankle jerk is ¼ on both sides. Patellar jerk is 2/4 bilaterally. Motor

examination of the injured worker reveals normal tone, power and nutrition of the muscles. Sensory examination light touch is normal in the extremities. On this date he is being seen for his back and will be rescheduled for his neck pain. The treatment plan includes as refill of pain medications. The provider notes an "MRI that shows a L3-4 posterior annulus tear causing mild to moderate left and mild right foraminal stenosis. He has +PE findings including +SLR on the right." The provider is also requesting physical therapy 12 visits and a transforaminal lumbar epidural injection at L3-4 between 5/26/15 and 7/25/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PT Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 physical therapy sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are low back pain; thoracic pain; and lumbar radiculopathy. The utilization review indicates the injured worker had 19 prior physical therapy sessions. The documentation states the injured worker received physical therapy, acupuncture and chiropractic treatment with moderate relief. There is no documentation of objective functional improvement with prior physical therapy. There were no physical therapy progress notes. Objectively, there was tenderness to palpation over the lumbar paraspinal muscle groups. Motor and sensory examination was unremarkable. There are no compelling clinical facts indicating additional physical therapy over and above the recommended guidelines as clinically indicated. Consequently, absent clinical documentation with objective functional improvement of prior physical therapy to date (19 sessions) and compelling clinical facts indicating additional physical therapy is warranted, 12 physical therapy sessions is not medically necessary.

TF Lumbar Epidural Injection at L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, transforaminal lumbar epidural injections at L3- L4 is 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's and muscle relaxants); 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 6 to 8 weeks. etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are low back pain; thoracic pain; and lumbar radiculopathy. The utilization review indicates the injured worker had 19 prior physical therapy sessions. The documentation states the injured worker received physical therapy, acupuncture and chiropractic treatment with moderate relief. There is no documentation of objective functional improvement with prior physical therapy. There were no physical therapy progress notes. Objectively, there was tenderness to palpation over the lumbar paraspinal muscle groups. Motor and sensory examination was unremarkable. Objectively, according to a May 20, 2015 progress note, there is no evidence of radiculopathy on physical examination. There is tenderness to palpation. Motor and sensory examination is unremarkable. The documentation shows the injured worker had a lumbar ESI in 2009 and 2010. The documentation indicates mild relief. There are no specifics in terms of percentage pain relief, reduction in pain medication and duration of pain relief. Consequently, absent clinical documentation and evidence of objective functional improvement, prior lumbar epidural steroid injections and clinical objective evidence of radiculopathy on physical examination, transforaminal lumbar epidural injections at L3- L4 is not medically necessary.