MAXIMUS Federal Services

Case Number:	CM15-0115018		
Date Assigned:	06/23/2015	Date of Injury:	10/02/2014
Decision Date:	08/05/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/15/2015

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 46 year old female, who sustained an industrial injury on 10/2/14. The injured worker has complaints of low and mid back pain. The documentation noted lumbar spine has decreased painful range of motion. The diagnoses have included lumbar radiculopathy and sprain lumbosacral. Treatment to date has included lumbar spine X-rays showed no acute osseous pathology; orthotics; hot/cold therapy; sacro/lumbar support; magnetic resonance imaging (MRI) revealed a pinched nerve; physical therapy; cymbalta; takes naprosyn; flexeril and tylenol #3. The request was for physical therapy for the mid and low back, twice a week for three weeks and lumbar epidural steroid injection under fluoroscopy at right L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the mid and low back, twice a week for three weeks: Upheld

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

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) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy for the mid and low back two times per week times three weeks 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar sprain strain; HNP displaced lumbar disc without myelopathy; lumbar radiculopathy; low back pain worse; and chronic pain syndrome. The date of injury is October 2, 2014. The request for authorization is dated June 8, 2015. According to a progress note dated June 3, 2015, the injured worker had six physical therapy visits over four weeks. A separate entry indicates six visits in 2015 were provided. Subjectively, the injured worker had ongoing low back pain 5-9/10. Objectively, there was tenderness to palpation positive straight leg raising and decreased sensation at the L3 dermatome. There is no documentation reflecting objective functional improvement with prior physical therapy. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. Consequently, absent clinical documentation with objective functional improvement of prior physical therapy and compelling clinical facts indicating additional physical therapy is warranted, physical therapy for the mid and low back two times per week times three weeks is not medically necessary.

Lumbar Epidural Steroid Injection under fluoroscopy at right L3-4: 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 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, lumbar epidural steroid injection under fluoroscopy at right 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 lumbar sprain strain; HNP displaced lumbar disc without myelopathy; lumbar radiculopathy; low back pain worse; and chronic pain syndrome. The date of injury is October 2, 2014. The

request for authorization is dated June 8, 2015. According to a progress note dated June 3, 2015, the injured worker had six physical therapy visits over four weeks. A separate entry indicates six visits in 2015 were provided. Subjectively, the injured worker had ongoing low back pain 5-9/10. Objectively, there was tenderness to palpation positive straight leg raising and decreased sensation at the L3 dermatome. There is no documentation reflecting objective functional improvement with prior physical therapy. The documentation does not indicate whether the injured worker responded to conservative treatment (physical therapy). Additionally, evidence of radiculopathy is not clearly documented in the physical examination section. Consequently, absent clinical documentation of objective functional improvement, a clinical response to physical therapy and clear-cut objective evidence of radiculopathy on physical examination, lumbar epidural steroid injection under fluoroscopy at right L3- L4 is not medically necessary.