

Case Number:	CM15-0115273		
Date Assigned:	06/23/2015	Date of Injury:	11/03/2011
Decision Date:	08/04/2015	UR Denial Date:	06/02/2015
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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 (IW) is a 44 year old male who sustained an industrial injury on 11/03/2011. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having sciatica, displacement of lumbar intervertebral disc without myelopathy, and low back pain. Treatment to date has included physical therapy with report of slightly diminished pain. A lumbar epidural steroid on 04/01/2015 gave 30% relief for about three days. A second epidural steroid injection on 03/06/2013 also gave 30% relief for several days. A MRI on 11/3/2111 showed disc desiccation at L5-S1 and a 2-3 mm disc bulge with minimal narrowing of the neural foramen. Currently (03/18/2015), the injured worker complains of constant achy, sharp back pain that causes difficulties with activities of daily living. On exam, there is normal strength, bulk and tone of the muscles of the extremities with intact sensation in all dermatomal regions from L2 to S1. There is bilateral 5/5 motor strength in all muscle groups of the hips, knees and ankle. Reflexes are 2+ throughout and symmetric. He also complains of hernia issues, which are not detailed in the exam notes of 03/182015. He remains off work. The treatment plan is for more physical therapy and a repeat of the epidural steroid injections and trigger point injections, and to have him see an internist for elevated blood pressure and pain management, and a surgeon for his hernia issues. A request for authorization is made for the following: 1. Physical Therapy for the lumbar spine, once a week for six weeks and 2. Lumbar Epidural Injection with Trigger Point L5-S1.

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 spine, once a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. In this case, the claimant completed an unknown amount of therapy and progress notes were not provided. Consequently, the additional 6 therapy sessions are not medically necessary.

Lumbar Epidural Injection with Trigger Point L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections: Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. According to the guidelines, the criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" Injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, the claimant did not have radicular findings on exam and did not have abnormalities on a prior MRI that would suggest nerve root involvement. Based on the clinical information provided, the request for an ESI and trigger point injections is not medically necessary.