

Case Number:	CM15-0123380		
Date Assigned:	07/07/2015	Date of Injury:	01/18/2015
Decision Date:	08/04/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/25/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52-year-old female, who sustained an industrial injury on 1/18/2015. She reported falling down three steps of a ladder resulting in acute mid-low back pain. Diagnoses include lumbar radiculopathy and left hip muscle strain. Treatments to date include Naproxen, Robaxin, and physical therapy. Currently, she complained of ongoing low back pain with radiation to the left hip and lower leg. Pain was rated 10/10 with medication. On 6/6/15, the physical examination documented tenderness in lumbar muscles, left iliac crest, left sacroiliac joint and interspinous ligaments. There was a positive Patrick's test. The plan of care included left paramedian L5-S1 translaminar vs Left L5-S1 transforaminal epidural steroid injection under fluoroscopy with neurogram and epidurogram, and additional six physical therapy sessions for the lumbar spine and left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the lumbar spine and left hip: Upheld

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

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

Decision rationale: Physical therapy 2 times a week for 6 weeks for the lumbar spine and left hip is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The documentation is not clear on how many prior low back PT sessions the patient has had; why she is unable to perform an independent home exercise program; and the outcome of her prior lumbar PT. Additionally, the request exceeds the 10 recommended PT sessions for this condition. For these reasons, the request for outpatient physical therapy for the lumbar spine and hip is not medically necessary.

Transforaminal epidural steroid injection under fluoroscopy with neurogram and epidurogram at left paramedian L5-S1 traslaminar vs left L5-S1 for the lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

Decision rationale: Transforaminal epidural steroid injection under fluoroscopy with neurogram and epidurogram at left paramedian L5-S1 traslaminar vs left L5-S1 for the lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate physical exam findings of clear radiculopathy in the proposed area for epidural steroid injection. For this reason, the request for epidural steroid injection is not medically necessary.