

Case Number:	CM15-0028028		
Date Assigned:	02/20/2015	Date of Injury:	12/17/2013
Decision Date:	03/24/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/13/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 was a 40 year old male, who sustained a work related injury, December 2, 2013. The injury was sustained by lifting a bundle of boards over the shoulder. The injured worker was placing the bundle inside the truck, on the rack with both shoulders, experienced acute low back pain. The injured workers chief complaint was aggravating of pain in the low back radiating down the left leg. The injured worker was diagnosed with lumbar strain, lumbar radiculopathy, constipation and gastritis, tenderness at L4-L5 and L5-S1 with increased pain with heel and toe ambulation. The injured worker was treated on November 19, 2014 with bilateral L4 and L5 epidural injections, with marginal benefit, according to the note of January 23, 2015; Norco, Prilosec, Flexeril , Naproxen, physical therapy and laboratory studies. On January 15, 2015, the primary treating physician requested authorization for bilateral L4 and L5 transforaminal epidural steroid injection and 12 sessions of physical therapy 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 and L5 Transforaminal Epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

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

Decision rationale: The proposed lumbar epidural steroid injection is not medically necessary, medically appropriate, or indicated here. The request in question represents a request for a repeat epidural steroid injection. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, however, pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was/is off of work. Work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains dependent on opioid agents such as Norco. 7-8/10 pain was reported. By the attending provider's own self-report, the previous epidural steroid injection was unsuccessful. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of at least one prior epidural steroid injection. Therefore, the request for a further epidural steroid injection is not medically necessary.

12 sessions of Physical Therapy 2x a week for 6 weeks: 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): 99.

Decision rationale: The request for 12 sessions of physical therapy is not medically necessary, medically appropriate, or indicated here. The 12-session course of physical therapy proposed, in and of itself represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. This recommendation is, furthermore, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is off of work, it was acknowledged. Work restrictions remain in place, seemingly unchanged, from visit, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. The applicant remained dependent on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.