MAXIMUS Federal Services

Case Number:	CM15-0063820		
Date Assigned:	04/09/2015	Date of Injury:	09/30/2010
Decision Date:	05/12/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/03/2015

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, New York, 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 applicant is a represented 60-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 30, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; earlier lumbar spine surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review report dated March 11, 2015, the claims administrator failed to approve a request for physical therapy and lumbar epidural steroid injection therapy. An RFA form received on March 4, 2015 was referenced in the determination. The claims administrator also referenced a progress note dated March 2, 2015, in its determination. The claims administrator contented that the applicant had undergone earlier lumbar spine surgery in August 2014 and received cervical spine surgery at an unspecified point in time. The claims administrator did not clearly identify whether the applicant had or had not had undergone previous epidural steroid injection therapy. On March 2, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant was using four to five Norco daily as well as two Flexeril daily. Normal upper and lower extremities strength was appreciated. The applicant exhibited slightly painful gait, it was suggested. MRI imaging of the lumbar spine demonstrated mild residual neuroforaminal stenosis at L3-L4 and L4-L5. The applicant had undergone earlier lumbar decompression surgery at L5-S1, it was stated. A lumbar epidural steroid injection was proposed at the L4-L5 level. The request was seemingly framed as a first time request following lumbar decompressive surgery. The applicant's work status was not furnished. In a January 23, 2015 physical therapy note, it was stated that the applicant had

undergone spine surgery at the L5-S1 level. The applicant reported driving, vacuuming, and sleeping remained problematic. The applicant was described as disabled on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times weekly for 4 weeks (12 sessions), Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: No, the request for 12 sessions of physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment proposed, in and off 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. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, the applicant has had fairly extensive prior physical therapy in early 2015 alone. The applicant had seemingly failed to profit from the same. The fact that the applicant remained dependent on four to five tablets of Norco daily, coupled with the fact that epidural steroid injection therapy was sought, did suggest a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim, including earlier physical therapy in 2015 alone. Therefore, the request for additional physical therapy was not medically necessary.

Bilateral Epidural Steroid Injection at L4-L5 (lumbar): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Conversely, the request for lumbar epidural steroid injection at L4-L5 was medically necessary, medically appropriate, and indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Here, the applicant did have ongoing complaints of low back pain radiating to the legs, which had seemingly proven recalcitrant to time, medications, physical therapy, and earlier spine surgery at L5-S1. Repeat lumbar MRI imaging had apparently demonstrated neuroforaminal stenosis at the level in question, L4-L5. The request in question did seemingly represent a first-time request for epidural steroid injection

therapy following earlier failed spine surgery. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines supports up to two diagnostic blocks. Moving forward with an epidural steroid injection was, thus, indicated at the level in question, for all of the stated reasons. Therefore, the request was medically necessary.