MAXIMUS Federal Services

Case Number:	CM15-0065285		
Date Assigned:	04/13/2015	Date of Injury:	10/03/2013
Decision Date:	05/13/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/06/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 33 year old male, who sustained an industrial injury on 10/03/2013, while employed as a police officer. He reported moving heavy items at work and later getting into a physical struggle with a perpetrator. The injured worker was diagnosed as having low back pain, lumbar degenerative disc disease, herniated nucleus pulposus of the lumbar spine, and lumbar radiculopathy. Treatment to date has included transforaminal epidural steroid injections, physical therapy, and surgery (not specified). A progress report, dated 3/03/2015, noted follow-up after left L5 and S1 transforaminal epidural steroid injection (10% relief). He stated that the most relief he gets is by staying active and doing physical therapy. He described pain of the left low back, with radiation to his thigh, and rated pain 2-3/10. Current medication use included Norco. Magnetic resonance imaging of the lumbar spine, dated 4/21/2014, was referenced. The treatment plan included a left L4 and left L5 transforaminal epidural steroid injection and physical therapy for lumbar stabilization and core strengthening. A prior progress report, dated 2/25/2015, noted that he completed physical therapy but did not see results. A repeat epidural on 2/17 was also referenced as having minimal effect on pain. Physical therapy progress notes were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy lower back 2 to 3 times a week for 3 to 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physical Therapy for the Lumbar Spine.

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

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for Physical therapy for the lower back, 2 to 3 times a week for 3 to 4 weeks. The review of the reports indicates that the patient has had physical therapy in the past. Regarding work statue, the treater states that the patient can resume/continue usual and customary work. For non-post- operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the treater "requested physical therapy for lumbar stabilization and core strengthening." None of the reports specifically discuss how many sessions of therapy the patient has had or how the patient has responded to the physical therapy in terms of pain reduction or functional improvement. The treater does not explain why the patient is unable to transition into a home program. Furthermore, the request does not specify the number of sessions. The request of physical therapy IS NOT medically necessary.

Injections Epidural Steroid Left L-4 and Left L-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Injections Epidural Steroid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for Epidural steroid injections (ESI) at left L4 and left L5. Per 02/25/15 progress report, the patient had repeat left L5 TF ESI and left S1 TF ESI on 02/17/15, which has had minimal effect on pain. The patient had had bilateral L5 TF ESIs with 10% pain relief for a month. Physical examination demonstrates positive straight leg raising on the left side, decreased strength in hip flexion, leg extension, dorsiflexion on the left 4/5 and limited range of lumbar motion. Regarding work statue, the treater states that the patient can resume/continue usual and customary work. MTUS pages 46 and 47 states that “Epidural Steroid Injections (ESI) are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy.” MTUS further states that for diagnostic purposes a maximum of two injections should be performed. 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. In this case, the treater does not explain why ESI at Left L4 and L5 is being requested other than the statement the patient's "pain has been [in a] typical L5-S1 radicular pattern." While a diagnosis of radiculopathy is listed, it is not well explained. MRI of the lumbar spine from 04/21/14 showed small/moderate disc bulge at L4/5 but this is toward the RIGHT side and lateral recess stenosis is more significant on the right side. The request is for left-sided ESI, with presumed pain in the left thigh. Furthermore, the patient has had multiple injections in the past on the left side, including S1 and then S1 and L5-S1 transforaminal approach without much benefit. The treater wants now to try left L4-5 and L5-1 levels but there is no clear diagnosis of L4 or L5 radiculopathy by exam, location of pain or

MRI findings. The EMG was not helpful noting only "nerve damage." The request IS NOT medically necessary.