MAXIMUS Federal Services

Case Number:	CM15-0069829		
Date Assigned:	04/17/2015	Date of Injury:	07/03/2012
Decision Date:	05/19/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/13/2015

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, 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 44-year-old who filed a chronic low back pain (LBP) reportedly associated with an industrial injury of July 3, 2012. In a Utilization Review report dated March 10, 2015, the claims administrator failed to approve a request for physical therapy, a pain management consultation, and an L4-L5 lumbar epidural steroid injection. The claims administrator referenced a February 16, 2015 progress note in its determination. The claims administrator noted that the applicant had undergone earlier lumbar laminectomy-diskectomy surgery. The applicant's attorney subsequently appealed. On February 16, 2015, the applicant reported persistent complaints of low back pain radiating into the left leg, 5/10. The applicant was using Medrol, Vicodin, naproxen, and tramadol, it was stated. The applicant exhibited an antalgic gait. Hyposensorium was noted about the L3 through S1 dermatomes with left lower extremity strength ranging from 4-5/5 versus 5/5 about the right lower extremity. Positive straight leg raising was noted about the left leg. MRI imaging of the lumbar spine of February 11, 2015 was notable for severe stenosis at L3-L4 and L4-L5. Postoperative changes suggestive of hemilaminectomies at L3-L4 were noted. Physical therapy, epidural steroid injection therapy, and tramadol were endorsed. The applicant's work status was not clearly articulated. It was not clearly stated whether the applicant had or not had previous epidural steroid injection therapy. In a RFA form dated February 16, 2015, tramadol, physical therapy, an epidural injection, and a preprocedure pain management consultation were proposed. The attending provider stated that some of the modalities which he was seeking authorization for included electrical stimulation, massage, and myofascial release surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES A WEEK FOR FOUR WEEKS QTY 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 98-99.

Decision rationale: No, the request for eight sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8-10 sessions of treatment for radiculitis, the diagnosis reportedly present here, this recommendation is, however, 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 and by commentary made on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of a claim. Here, however, the attending provider's RFA form of February 6, 2015 suggested that he was seeking authorization for multiple different passive modalities, including electrical stimulation, ultrasound, therapeutic exercise, massage, and myofascial release therapy. Such dependence on passive modalities, thus, runs counter to the philosophy espoused on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant does not appear to have profited from earlier unspecified amounts of physical therapy over the course of the claim. The applicant's work status was not stated on February 16, 2015, suggesting that the applicant was not, in fact, working. The applicant remained dependent on various analgesic medications, including Medrol, Vicodin, naproxen, tramadol, etc. All of the foregoing, taken together, suggested 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 was not medically necessary.

PAIN MANAGEMENT PER-PROCEDURAL CONSULTATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 7 P 127 EXAMINATIONS AND CONSULTATIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: Conversely, the request for a pain management consultation was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove

recalcitrant to conservative management should lead the primary treating provider (PTP) to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant was seemingly off of work. The applicant was contemplating epidural steroid injection therapy. The applicant was using opioid agents such as Vicodin, as suggested above. Obtaining the added expertise of a pain management consultant to determine the applicant's suitability for other treatment, including a possible epidural steroid injection was, thus, indicated. Therefore, the request was medically necessary.

LUMBAR EPIDURAL STEROID INJECTION AT L4-5, LOWER BACK: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION.

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

Decision rationale: Finally, 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 radiographic corroboration of radiculopathy at the level in question, L4-L5. Postoperative changes had apparently resulted in severe neural foraminal narrowing/stenosis at the level in question. The request in question did seemingly represent a first-time request for epidural steroid injection therapy following earlier failed lumbar laminectomy surgery. Therefore, the request was medically necessary.