

Case Number:	CM15-0074779		
Date Assigned:	04/24/2015	Date of Injury:	12/01/2011
Decision Date:	05/22/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/20/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 50 year old female, who sustained an industrial injury on December 1, 2011. She has reported neck pain, shoulder pain, and back pain. Diagnoses have included thoracic or lumbosacral neuritis or radiculitis, lumbar post laminectomy syndrome, facet arthropathy, acquired spondylolisthesis, lumbar spine degenerative disc disease, shoulder sprain, shoulder pain, lumbar spine stenosis, lumbago, and neck sprain. Treatment to date has included medications, lumbar spine epidural steroid injection, and back surgery. A progress note dated April 3, 2015 indicates a chief complaint of back pain and right shoulder pain. The treating physician documented a plan of care that included epidural steroid injection and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection (ESI) catheter caudal level not provided: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery addition, there is no evidence that the patient has been unresponsive to conservative treatments. Furthermore, there is no recent clinical and objective documentation of radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. There is no documentation of the efficacy of previous lumbar epidural injection. Therefore, Epidural steroid injection (ESI) catheter caudal level not provided is not medically necessary.

Physical therapy, 6 sessions, evaluation and treatment: 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): 98.

Decision rationale: According to MTUS guidelines, Physical Medicine is "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)" There is no documentation of objective findings that support musculoskeletal dysfunction requiring more physical therapy. There is no detailed, recent and objective evaluation of the patient back condition. There is no documentation of the efficacy of previous physical therapy sessions. There is no justification for the prescription of 12 session of physical therapy without documentation of the efficacy of the first visits. Therefore Physical therapy, 6 sessions, evaluation and treatment is not medically necessary.