

Case Number:	CM15-0090458		
Date Assigned:	05/14/2015	Date of Injury:	02/07/2008
Decision Date:	07/07/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/11/2015

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: Pennsylvania, Ohio, 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:

This 56 year old male sustained an industrial injury to the lumbar spine on Previous treatment included magnetic resonance imaging, lumbar laminotomy and medications. Magnetic resonance imaging lumbar spine showed bilateral facet joint arthropathy with foraminal narrowing, facet arthrosis and spinal stenosis. The injured worker underwent left hip arthroscopic femoroplasty with labral repair on 1/5/15. In an addendum to a progress note dated 1/21/15, the physician noted that the injured worker had pain radiating into bilateral lower extremities. The physician stated that the injured worker might require revision lumbar spine surgery with laminectomy, decompression and possible fusion based on his new magnetic resonance imaging scan. The injured worker was recovering from hip surgery. The treatment plan included follow-up in 2-3 months for reassessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left transforaminal epidural steroid injection L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. This request is not medically necessary.

Facet joint block L4-L5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Facet joint pain, signs & symptoms and Diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: ACOEM concludes that invasive techniques such as facet injections are of questionable merit. The records do not provide an alternate rationale in support of the requested treatment. Additionally this patient has radicular symptoms which are not consistent with probable facet-mediated pain. For these multiple reasons, this request is not medically necessary.

Physical therapy 2-3 x 6-8 weeks (24 sessions) Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines.

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.

Chiropractic 1-2x6 weeks (12 sessions) Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Manual Therapy and Manipulation Page(s): 98-99, 58.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised chiropractic rather than independent rehabilitation. Additionally MTUS does not recommend elective/maintenance chiropractic treatment, which would apply to this patient given the past treatment timeline. This request is not medically necessary.