MAXIMUS Federal Services

Case Number:	CM15-0096670		
Date Assigned:	05/27/2015	Date of Injury:	07/13/2010
Decision Date:	06/25/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/19/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 54 year old female, who sustained an industrial injury on July 13, 2010. She reported low back pain, right wrist pain and right hip pain. The injured worker was diagnosed as having lumbar strain, lumbar disc disease, right hip contusion and osteoarthritis and right later epicondylitis. Treatment to date has included radiographic imaging, diagnostic studies, chiropractic care, conservative therapies, medications and wok restrictions. Currently, the injured worker complains of low back pain, right wrist and right hip pain. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on July 8, 2013, revealed continued pain as noted. Magnetic resonance imaging reportedly revealed disc disease and canal stenosis. He reported up to a 50% improvement with previous lumbosacral epidural steroid injection. Evaluation on October 21, 2014, revealed continued pain as noted. A right hip x-ray, a follow up on a request for additional epidural injection and physical therapy were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray, Right Hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis (Acute & Chronic) - X-rays.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis section, Radiographs.

Decision rationale: Pursuant to the Official Disability Guidelines, x-ray of the right hip is not medically necessary. Plain radiographs of the pelvis should routinely be obtained in patients sustaining a severe injury. X-rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. In this case, the injured workers working diagnoses are lumbar strain/lumbar disc disease; right hip contusion/right hip osteoarthritis; and right lateral epicondylitis. The documentation from the utilization review indicates the injured worker had hip x-rays performed July 13, 2010. The progress note dated April 30, 2015 objectively states injured worker has also symptoms in the right hip deep aching pain, severely impair nighttime sleep and daily function. Physical examination of the hip states limited in IR only. X-ray of the right hip shows moderate osteoarthritis. There is no detailed physical examination. The guidelines recommend playing radiographs be routinely ordered in patients sustaining a severe injury or at high risk for development of hip osteoarthritis. A diagnosis of osteoarthritis was previously made on radiographs from July 2010. There was insufficient documentation of a hip physical examination in the medical record documentation. Consequently, absent objective clinical documentation on physical examination, x-ray of the right hip is not medically necessary.

Physical Therapy, Right Hip, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis chapter (Acute & Chronic) Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy right hip #8 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are lumbar strain/lumbar disc disease; right hip contusion/right hip osteoarthritis; and right lateral epicondylitis. There is no documentation of prior physical therapy in the medical record. There are no physical therapy progress notes in the medical record. There is no documentation indicating objective functional improvement prior physical therapy. The physical examination was incomplete referencing the right. There is no clinical rationale for additional physical therapy in the absence of prior

physical therapy documentation. Consequently, absent clinical documentation with prior physical therapy progress notes, total number of physical therapy sessions to date, a clinical rationale for additional physical therapy and compelling clinical facts indicating additional physical therapy is warranted, physical therapy right hip #8 sessions is not medically necessary.

Follow Up with doctor for appeal on Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits, Epidural steroid injection.

Decision rationale: Pursuant to the Official Disability Guidelines, follow-up with doctor for appeal lumbar epidural steroid injection are not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatories and muscle relaxants); 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 6 to 8 weeks . . . . etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbar strain/lumbar disc disease; right hip contusion/right hip osteoarthritis; and right lateral epicondylitis. The injured worker had a lumbar epidural steroid injection February 4, 2015 with improvement in the low back symptoms. The documentation could not contain the percentage improvement and the duration of improvement based on the prior lumbar epidural steroid injection. The treatment plan in the April 30, 2015 progress note contains an entry "follow-up with [redacted] appeal of a lumbar injection therapy". There is no clinical documentation, indication or rationale for a repeat lumbar epidural steroid injection based on the February 4, 2015 ESI. Consequently, absent clinical documentation with evidence of a repeat lumbar epidural steroid injection, follow-up with doctor for appeal lumbar epidural steroid injection are not medically necessary.