

Case Number:	CM14-0104217		
Date Assigned:	07/30/2014	Date of Injury:	01/09/2009
Decision Date:	11/19/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old female who reported an injury on 01/09/2009 due to an unknown mechanism. Diagnoses were spondylosis lumbar, radiculopathy, pain, myalgia/myositis. Diagnostic study was a CT of the lumbar spine without contrast on 07/21/2014 that revealed no fracture, dislocation or acute bony abnormality, mild multilevel degenerative arthrosis, stable severe degenerative disc disease at L5-S1. Past treatments have been medications, physical therapy and medial branch blocks back in 2012. Physical examination on 06/20/2014 revealed complaints of pain in the back. The pain was reported as radiating to the right leg. There was some associated numbness and weakness. The level of pain was reported at a 10. Sleep disturbance was reported due to pain. Examination revealed motor strength was symmetric in all muscle groups tested. Sensory examination was grossly intact to light touch. Reflexes were symmetric bilaterally. Straight leg raise was negative bilaterally. Palpation over the back elicited pain symptoms. Range of motion was restricted in the lumbar spine. Medications were Soma 350 mg and buprenorphine. Treatment plan was for a right L5-S1 transforaminal epidural steroid injection. The rationale was if the injured worker did not respond to the injection, she was to follow-up with a spinal surgeon. The Request for Authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 Transforaminal Epidural Steroid Injection: Upheld

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

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

Decision rationale: The decision for right L5-S1 transforaminal epidural steroid injection is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend for an epidural steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDs and muscle relaxant. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 sessions. For repeat epidural steroid injection, there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per region per year. The physical examination revealed a negative straight leg raise test. The CAT scan revealed mild multilevel degenerative arthrosis and stable severe degenerative disc disease at the L5-S1. The injured worker has not had physical therapy for 2 years. It was not reported she was participating in a home exercise program. The clinical information submitted for review does not provide evidence to justify a right L5-S1 transforaminal epidural steroid injection. Therefore, this request is not medically necessary.

Gym membership (3-6 months): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Gym Memberships

Decision rationale: The decision for gym membership (3-6 months) is not medically necessary. The Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is need for equipment. Additionally, it indicates that gym memberships would not be generally considered medical treatment and, therefore, are not covered under these guidelines. There were no significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.

Water therapy QTY: 8.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Physical Medicine Page(s): 22 98 99.

Decision rationale: The decision for water therapy quantity 8 is medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for myalgia and myositis is 9 to 10 visits and for neuralgia, neuritis and radiculitis it is 8 to 10 visits. It was reported that the injured worker has not had any type of physical therapy for about 2 years. The injured worker does have severe degenerative disc disease at the L5-S1. The decision for water therapy quantity 8 is medically necessary.