

Case Number:	CM14-0145227		
Date Assigned:	09/12/2014	Date of Injury:	06/18/2014
Decision Date:	10/06/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/08/2014

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 Geriatrics and is licensed to practice in New York. 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 a 62 year old woman with a date of injury of 6/18/14. She was seen by her consulting physician on 9/9/14 for a follow up visit. She had undergone a L3 nerve root block which helped tremendously and 12 session of physical therapy. She was mobile with a walker, taking one norco per day and her pain had dramatically improved by 50%. Her physical exam showed improved ambulation with a walker and continued numbness and weakness. Her diagnoses were left L3-4 intraforaminal/extraforaminal disk herniation, left L3 radiculopathy, improving and degenerative disk disease. At issue in this review is the request for a repeat epidural injection / nerve block as well as 12 additional physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy to the Lumbar Spine 2 Times per Week x 6 Weeks: Upheld

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

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

Decision rationale: Physical therapy Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical

Medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home exercise program should be in place. She has dramatically reduced pain and improved mobility. The records do not detail the specific benefits of the therapy session or substantiate why additional therapy is medically necessary in this injured worker. Therefore, continued physical therapy to the lumbar spine 2 times per week x 6 Weeks is not medically necessary and appropriate.

Repeat L3 Nerve Block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35.

Decision rationale: Epidural spine injections are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. She had tremendous benefit from a prior L3 nerve block and there is not documentation in the physical exam to suggest ongoing radicular pathology or what benefit a second injection will provide. Therefore, Repeat L3 Nerve Block is not medically necessary and appropriate.