

<b>Case Number:</b>	CM13-0006929		
<b>Date Assigned:</b>	02/20/2014	<b>Date of Injury:</b>	04/03/2009
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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 has a subspecialty in Pain Management and is licensed to practice in California. 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 patient is a 50 year old female with date of injury 4/3/09. The treating physician report dated 7/11/13 indicates that the patient presents with a chief complaint of back pain going down the leg with weakness of the left leg and numbness over the left calf. The current diagnoses are:  
1. Lumbar disc displacement without myelopathy 2. Lumbosacral neuritis or radiculitis  
The utilization review report dated 7/22/13 denied the request for physical therapy and lumbar transforaminal ESI on the left at L4/5 based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY QTY: 8.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

**Decision rationale:** The patient presents with increased pain affecting the lumbar spine with left leg pain. The current request is for physical therapy 8 sessions. Review of the reports provided indicates that the patient had physical therapy in January 2013, 8 sessions. The 7/11/13 report states, "She is currently been to physical therapy." There is no other discussion regarding the

patient's response to prior physical therapy treatments, how many session have been completed or why the patient has not been transitioned to a home exercise program. The MTUS guidelines indicate that PT is recommended: 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. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. The treating physician in this case has documented that the patient has recently had physical therapy, but there is lack of documentation showing the response to the therapy and why additional therapy is needed. The request for Physical Therapy is not medically necessary.

**LUMBAR TRANSFORMINAL EPIDURAL INJECTION, LEFT L4-L5 QTY: 1.00: Upheld**

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

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

**Decision rationale:** The patient presents with increased pain affecting the lumbar spine with left leg pain. The current request is for lumbar transforaminal epidural injection, left L4/5. Examination findings on 7/11/13 are stated as, "Straight leg raise test is positive on the left side." MRI report dated 6/9/11 states, "L1/2, L2/3 there is mild disc bulging without neural impingement or spinal canal compromise. L4/5 there is mild disc bulging and spondylosis contributing to minimal lateral recess narrowing contacting the thecal sac in the region of the transversing L5 nerve rootlets." The treating physician states in his 7/11/13 report that, "She has had injections in the past that have provided relief to the pain." The MTUS guidelines state, "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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." The physician in this case has failed to document the necessary information that must be present to recommend a repeat block. The request for Lumbar Transforminal Epidural Injection is not medically necessary.

**NEEDLE LOCALIZATION BY X-RAY QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

**Decision rationale:** The patient presents with increased pain affecting the lumbar spine with left leg pain. The current request is for needle localization by x-ray for the requested lumbar transforaminal epidural injection, left L4/5. Examination findings on 7/11/13 are stated as, "Straight leg raise test is positive on the left side." MRI report dated 6/9/11 states, "L1/2, L2/3 there is mild disc bulging without neural impingement or spinal canal compromise. L4/5 there is

mild disc bulging and spondylosis contributing to minimal lateral recess narrowing contacting the thecal sac in the region of the transversing L5 nerve rootlets." The treating physician states in his 7/11/13 report that, "She has had injections in the past that have provided relief to the pain." The MTUS guidelines state, "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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." The treating physician in this case has failed to document the necessary information that must be present to recommend a repeat block. The current request for needle localization by x-ray is not medically necessary as the patient does not meet the criteria for a repeat lumbar block. The request is not medically necessary

**CONTRAST MATERIAL QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with increased pain affecting the lumbar spine with left leg pain. The current request is for contrast material for the requested lumbar transforaminal epidural injection, left L4/5. Examination findings on 7/11/13 are stated as, "Straight leg raise test is positive on the left side." MRI report dated 6/9/11 states, "L1/2, L2/3 there is mild disc bulging without neural impingement or spinal canal compromise. L4/5 there is mild disc bulging and spondylosis contributing to minimal lateral recess narrowing contacting the thecal sac in the region of the transversing L5 nerve rootlets." The treating physician states in his 7/11/13 report that, "She has had injections in the past that have provided relief to the pain." The MTUS guidelines state, "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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." The treating physician in this case has failed to document the necessary information that must be present to recommend a repeat block. The request for contrast material is not medically necessary.