MAXIMUS Federal Services

| Case Number: | CM13-0017823 | | |
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| Date Assigned: | 10/11/2013 | Date of Injury: | 01/15/2003 |
| Decision Date: | 03/28/2014 | UR Denial Date: | 08/05/2013 |
| Priority: | Standard | Application Received: | 08/28/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine 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 physician 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 73 year old male who was injured on 01/15/2013 while lifting reel of cables. Treatment history included lumbar fusion at L3-4, L4-5, and L5-S1, pain medications, injections and physical therapy. Orthopedic progress report dated 01/24/2013 documented patient presented with severe back pain that radiated to the bilateral lower extremities. He was status post ORIF of the lumbar spine in which he had an infection. Then he had cardiac issues. There was no way surgery could be done on him. He probably had a pseudo arthrosis. Orthopedic progress report dated 06/13/2013 documented the patient to be status post posterior spinal fusion with an infection. The patient still had some right lower extremity weakness and quadriceps weakness. He had solid fusion on his x-rays today. He may have benefited from doing a hardware removal, but surgical intervention may not have been possible. Objective findings on exam included the patient was a well developed, well nourished gentlemen in no acute distress. He was alert and oriented x4. His HEENT, cardiac, pulmonary and GI examinations were all normal. Spinal examination showed pain with extension and rotation. No focal deficits; 1+ pulses. He had 4-5 cramping on the right side. He had some atrophy present. There was decreased sensation in the L5 nerve root distribution. He had good tibialis anterior strength. He walked with antalgia and a cane. There was severe restriction in range of motion and sciatic notch pain. He did not have any compression of the nerve, but his nerve may be irritated by the screw.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR NERVE ROOT BLOCK AT L4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI), Page(s): 46. Decision based on Non-MTUS Citation Physical Medicine & Rahabilitation, 3rd Edition, 2007,Chapter 41: Low Back Pain, pages 883-928.

**Decision rationale:** As per CA MTUS guidelines, ESIs are recommended as an option for treatment of radicular pain. As per guidelines the use of ESI is recommended if radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Records reviewed indicate that this patient has persistent lower back pain associated with numbness and right lower extremity weakness. On exam, there was decreased sensation in the L5 nerve root distribution, atrophy, and decreased ROM, but there are no MRI or EMG results available for review to corroborate with physical findings. Additionally, there is no documentation of failure of conservative treatment such as exercises, physical therapy, or medications. Therefore, the request is non-certified.

**POST INJECTION PHYSICAL THERAPY, 2 TIMES PER WEEK FOR 4 WEEKS TO THE LUMBAR SPINE:** 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), Treatment Index, 11th Edition(web), 2013, Low Back-Physical Therapy (PT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute and Chronic), Physical therapy (PT) and Physical Medicine & Rahabilitation, 3rd Edition, 2007, Chapter 41: Low Back Pain, pages 883-928

**Decision rationale:** CA MTUS guidelines do not specifically discuss the issue in dispute and hence ODG have been consulted. As per ODG, "Based on current literature, the only need for further physical therapy treatment post ESI would be to emphasize the home exercise program, and this requirement would generally be included in the currently suggested maximum visits for the underlying condition, or at least not require more than 2 additional visits to reinforce the home exercise program. ESIs have been found to have limited effectiveness for treatment of chronic pain. The claimant should continue to follow a home exercise program post injection." The request for 2 x 4 weeks of post injection physical therapy exceeds the guidelines recommendation. Additionally, since the primary procedure is not medically necessary and appropriate, therefore, the medical necessity for the associated service of post injection physical therapy is not established and hence the request is non-certified.