

<b>Case Number:</b>	CM13-0028523		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 and Pain Medicine, and is licensed to practice in Ohio and Texas. 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 47-year-old female who reported a work related injury on 09/14/2012 as a result of continuous trauma to the cervical spine, bilateral upper extremities, lumbar spine, and bilateral lower extremities. MRI of the lumbar spine dated 07/25/2013 signed by [REDACTED] revealed: (1) loss of disc height at L5-S1 without other abnormal discogenic process; (2) this probably has no clinical significance; (3) an incidental simple left renal cyst, no other abnormalities. The clinical note dated 10/29/2013 reports the patient as seen for followup under the care of [REDACTED]. The provider documents the patient requires an L4-5 epidural steroid injection. The provider reported upon physical exam of the patient, there was tenderness to palpation over the lumbar spine with extension and rotation. The patient had a positive sciatic notch pain, decreased sensation to the lower extremities, most significantly on the right side at L5 and to a lesser extent at S1. The patient had no reflex abnormalities, no atrophy, and no fasciculations. The patient reported a sign amount of pain and restriction with extension, rotation, and nerve tension. The provider recommended lumbar caudal epidural injection at L4-5 and bilateral lumbar caudal facet block injections at the L4-5. In addition, the provider recommended post injection physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**outpatient lumbar caudal epidural steroid injection at the L5-S1 level: Upheld**

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

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

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review lacks evidence to support the requested intervention at this point in the patient's treatment. The clinical notes fail to document the patient presented with any motor/neurological deficits upon physical exam. In addition, the clinical documentation included an MRI of the patient's lumbar spine that did not indicate any disc herniation or nerve root impingement at the L5-S1 level. Furthermore, the provider is requesting injection therapy at the L4-5 level. California MTUS indicates, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given all of the above, the request for 1 outpatient lumbar caudal epidural steroid injection at the L5-S1 level is not medically necessary or appropriate.

**Nerve root block at L5-S1 with fluoroscopy:** 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.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review lacks evidence to support the requested intervention at this point in the patient's treatment. The clinical notes fail to document the patient presented with any motor/neurological deficits upon physical exam. In addition, the clinical documentation included an MRI of the patient's lumbar spine that did not indicate any disc herniation or nerve root impingement at the L5-S1 level. Furthermore, the provider is requesting injection therapy at the L4-5 level. California MTUS indicates, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Given all of the above, the request for nerve root block at L5-S1 with fluoroscopy is not medically necessary or appropriate.

**Outpatient physical therapy to the lumbar and cervical spines, two times per week over six weeks:** 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 Page(s): 99.

**Decision rationale:** The current request is not supported. The provider is recommending the requested physical therapy interventions status post injection therapy to the patient's lumbar spine. However, injection therapy is not supported at this point in the patient's treatment, and the

requested number of sessions would be excessive in nature. The clinical notes document the patient has completed over 18 sessions of physical therapy status post her work related injury. At this point in the patient's treatment, an independent home exercise program would be indicated; as California MTUS documents, allow for fading of treatment frequency from up to 3 visits per week to one or less plus active self-directed home physical medicine. Given all of the above, the request for outpatient physical therapy to the lumbar and cervical spines, two times per week over six weeks is not medically necessary or appropriate.