

<b>Case Number:</b>	CM13-0030832		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	06/08/2008
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 Orthopedic Surgery, 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 claimant is a 37-year-old female who was injured in a work-related accident on 6/8/08. A progress report dated 8/20/13 by [REDACTED] noted the patient had continued complaints of low back pain despite refractory care with medications, physical therapy, and a prior epidural injection. Her pain is 80% in the low back and 20% in the bilateral legs (currently left leg only). Physical examination showed 4/5 strength in the EHL; and inversion, eversion, ankle dorsiflexion, and plantar flexion on the left, with restricted range of motion and positive straight leg raising. It stated that the claimant was with diagnoses of L4-5 disc herniation with disc space narrowing, nerve root encroachment, and L5-S1 disc space collapse with moderate central and foraminal stenosis. It stated the claimant wished to continue with an additional course of physical therapy and a repeat epidural injection

### IMR ISSUES, DECISIONS AND RATIONALES

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

**left 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 injections Page(s): 46.

**Decision rationale:** Guideline criteria indicate that repeat injections are only indicated if 50% pain relief with associated reduction of medication use for six to eight weeks is noted. Recent clinical assessment indicated the claimant's prior epidural injection provided minimal relief in the timeframe requested by guideline criteria. The role of this repeat modality thus would not be indicated.

**physical therapy twice a week for four weeks:** Upheld

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

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

**Decision rationale:** Records indicate that the claimant has undergone a recent course of physical therapy for her chronic low back complaints. Clinical guideline criteria allow for up to 9-10 sessions over an eight week period of time. Given the amount of therapy that has recently been utilized, this additional eight sessions of therapy would not be indicated in the chronic setting of claimant's current complaints.