

<b>Case Number:</b>	CM13-0039446		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	01/17/2011
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 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 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:

This is a patient with a date of injury of 1/17/11. A utilization review determination dated 9/26/13 recommends non-certification of repeat lumbar ESI (epidural steroid injection) x 1 and PT (physical therapy) 2 x 4 lumbar spine. For the ESI, there was no documentation of the 50% pain relief, increased function, and decreased medication use as recommended by CA MTUS for repeat ESI. There was also no clinical evidence of lumbar radiculopathy and MRI corroboration. For PT, there were no significant functional deficits documented as well as an indication for formal therapy versus a home exercise program. Subsequent notes identify LBP (lower back pain) and spasms with chronic left leg pain radiating down into the lateral shin and ankle with some subjective weakness. There was some decreased ROM (range of motion) and diminished sensation in the left lateral calf and bilateral feet. The prior injection was noted to provide "some relief of his symptoms."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat lumbar epidural steroid injection:** 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 Section Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** Regarding the request for repeat lumbar epidural steroid injection, CA MTUS Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is only documentation of some symptom relief from prior injection rather than functional improvement and at least 50% pain relief with associated reduction of medication use for six to eight weeks as recommended by the CA MTUS. In the absence of such documentation, the request for repeat lumbar epidural steroid injection is not medically necessary.

**Physical therapy 2 times a week times 4 weeks for the lumbar spine:** 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 Section Physical Medicine Page(s): 98-99.

**Decision rationale:** Regarding the request for physical therapy 2 times a week times 4 weeks for the lumbar spine, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of prior physical therapy sessions, but there is no documentation of specific objective functional improvement with the previous sessions. The remaining deficits are mild range of motion deficits and there is no documentation as to why they cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy 2 times a week times 4 weeks for the lumbar spine is not medically necessary.