

<b>Case Number:</b>	CM13-0047833		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/02/2006
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 & Rehabilitation 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 52-year-old female who reported an injury on 04/02/2006. The patient was diagnosed with mechanical low back pain, bilateral sacroiliitis, lumbar degenerative disc disease, status post lumbar fusion, lumbar facet joint arthropathy, right piriformis syndrome, bilateral lower extremity radiculitis and left lower extremity radiculopathy. The patient was seen by [REDACTED] on 09/19/2013. The patient reported ongoing lower back and bilateral lower extremity pain. The patient reported only 15% to 20% improvement, followed by a left-sided sacroiliac joint block. Physical examination revealed 50 degrees of flexion, 15 degrees of extension and tenderness to palpation bilaterally. Treatment recommendations included a caudal epidural steroid injection with Racz procedure and the continuation of current medications as well as physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Added physical therapy 2 x per week x 3 weeks:** 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 Page(s): 98-99.

**Decision rationale:** The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active, self-directed home physical medicine. As per the documentation submitted, the patient has previously undergone physical therapy. There was no indication of this patient's active participation in a home exercise program. Additionally, documentation of the previous course of physical therapy with total treatment duration and treatment efficacy was not provided for review. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

**ESI with RACZ:** 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 Page(s): 46.

**Decision rationale:** The California MTUS Guidelines state that epidural steroid injections are recommended as an option for the treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the documentation submitted, there is no evidence of radiculopathy upon physical examination on the requesting date of 09/19/2013. The patient demonstrated only tenderness to palpation with limited range of motion. Additionally, the patient's latest MRI of the lumbar spine submitted for review is dated 04/05/2006 and revealed decreased disc height and signal intensity at L5-S1 with suspicion of compression of the nerve roots. There is no evidence of an updated MRI or electrodiagnostic report submitted for review to corroborate a diagnosis of radiculopathy. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.