

<b>Case Number:</b>	CM13-0060283		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/25/2007
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Minnesota. 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 expert 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 injured worker is a 59-year-old female who reported an injury on 01/25/2007. The mechanism of injury was not stated. Current diagnoses include lumbar spine disc disease, lumbosacral sprain/strain, myofascial pain syndrome, and cervical spine radiculopathy. The injured worker was evaluated on 01/13/2014. The injured worker reported persistent pain in the neck and lower back. Physical examination of the cervical spine revealed tenderness to palpation, guarding, spasm, positive axial compression testing, and decreased sensation in the C5-6 dermatome. Physical examination of the lumbar spine revealed tenderness to palpation with positive straight leg rising. Treatment recommendations included a cervical spine epidural steroid injection and pool therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **A CERVICAL EPIDURAL STEROID INJECTION (ESI): 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:** Chronic Pain Medical Treatment Guidelines state epidural steroid injections are recommended as an option for 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. Patients should also prove initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. As per the documentation submitted, there is no mention of an attempt at conservative treatment to include exercise, physical methods, or medication management. There were also no electrodiagnostic reports or imaging studies submitted for review. There is no specific level at which the epidural steroid injection will be administered listed in the request. Based on the clinical information received, the request is not medically necessary.

**A SERIES OF 3 LUMBAR ESI'S:** 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:** Chronic Pain Medical Treatment Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction of other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies. There was no evidence of lumbar radiculopathy upon physical examination. There were no imaging studies or electrodiagnostic testing reports submitted for review. Additionally, Chronic Pain Medical Treatment Guidelines do not recommend epidural steroid injections in a series of 3. Based on the clinical information received and the Chronic Pain Medical Treatment Guidelines, the request is not medically necessary.

**POOL THERAPY (8 SESSIONS):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. There is no indication that this injured worker requires reduced weight-bearing as opposed land-based physical therapy. There is also no specific body part listed in the current request. Based on the clinical information received, the request is not medically necessary.