

<b>Case Number:</b>	CM13-0062054		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/19/2009
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Medicine and is licensed to practice in 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 42-year-old male who reported an injury on 05/19/2009, due to cumulative trauma while performing normal job duties. The patient reportedly sustained injury to the low back, hip, left thigh, and knee. The patient's treatment history included acupuncture, a work-hardening program, physical therapy, multiple medications, epidural steroid injections, corticosteroid injections, and trigger point injections. The patient did undergo an electrodiagnostic study in 12/2013, that documented the patient had evidence of left L5-S1 radiculopathy. The patient underwent an MRI in 09/2013, that documented the patient had bilateral L5-S1 facet capsulitis, a disc bulge at the L5-S1, and no evidence of neural impingement in the lumbar spine. The patient's most recent clinical documentation indicated that the patient had physical findings to include decreased reflexes bilaterally in the lower extremities, a positive straight leg raising test, decreased motor strength described as 4/5, and decreased sensation reported in the left L5 dermatome. The patient's diagnoses included lumbar radiculopathy, spinal lumbar stenosis, spinal lumbar degenerative disc disease, low back pain, sacroiliitis, and a muscle, ligament, and fascia disorder. The request was made for an epidural steroid injection and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) physical therapy visits 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 Physical Medicine Page(s): 98-99.

**Decision rationale:** The requested 12 physical therapy visits for the lumbar spine are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that patients be transitioned in to a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation does indicate that the patient has previously participated in an adequate course of physical therapy. However, there is no documentation that the patient is currently participating in a home exercise program. Therefore, 1 to 2 visits would be appropriate to assist the patient in re-establishing a home exercise program. However, the requested 12 physical therapy visits would be considered excessive. As such, the requested 12 physical therapy visits for the lumbar spine are not medically necessary or appropriate.

**Transforaminal epidural steroid injection (ESI) for L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 45.

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

**Decision rationale:** The Chronic Pain Guidelines recommend that repeat injections be based on at least 50% pain relief for six to eight (6 to 8) weeks, with documentation of functional improvement. The clinical documentation submitted for review indicates that the patient received an epidural steroid injection at the requested level in 03/2013, which did not provide a significant amount of pain relief. Additionally, the guidelines recommend epidural steroid injections for patients who have documentation of physical findings of radiculopathy that are supported by an imaging study. The patient's most recent imaging study of the lumbar spine in 09/2013 documented that the patient did have a disc bulge at the L5-S1 level. However, no nerve impingement was identified. Therefore, an epidural steroid injection at the L5-S1 would not be supported by guideline recommendations. As such, the requested transforaminal epidural steroid injection is not medically necessary or appropriate.