

<b>Case Number:</b>	CM13-0072397		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Orthopedic Surgery, has a subspecialty in Hand 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 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 claimant, a 37-year-old female, was injured on September 14, 2012, while chasing a suspect and falling over a wall. The records available for review document injuries to her neck, low back, bilateral knees, hip and upper extremities. The report of a July 25, 2013, MRI of the lumbar spine showed bilateral recess narrowing at L4-5, moderate to severe disc space collapse at L5-S1 and no documentation of neural compressive finding. A clinical report dated October 29, 2013, documents subjective complaints of low back pain with objective findings of tenderness to palpation and pain with extension. There was tenderness over the sciatic notch and diminished sensation to the lower extremities in an L5 and S1 dermatomal distribution. The records note that the claimant has been treated conservatively with medication management, activity restrictions and physical therapy. This request is for concordant injections in the form of an L4-5 epidural steroid injection and an L4-5 caudal facet joint injection, as well as eight sessions of post-injection physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUTPATIENT BILATERAL LUMBAR CAUDAL EPIDURAL STEROID INJECTIONS (ESI) AT L4-5: Upheld**

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

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

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, caudal epidural steroid injection at L4-5 cannot be supported. While the claimant is noted to have sensory changes on examination, there is no documentation of a neural compressive finding on imaging that would necessitate the need for an epidural injection. Chronic Pain Guidelines indicate that physical examination findings must be positive for radiculopathy and supported by compressive findings on either electrodiagnostic studies or imaging. In the absence of those factors, this request would not be indicated as medically necessary.

**OUTPATIENT BILATERAL LUMBAR CAUDAL FACET INJECTIONS AT L4-5 WITH FLUOROSCOPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** California ACOEM Guidelines also would not support the request for a facet joint injection at L4-5 in this case. ACOEM Guidelines characterize facet joint injections as being of "questionable merit" and further state that this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Therefore, based upon The Recommendations of the ACOEM Guidelines, the proposed facet joint injection at L4-5 cannot be recommended as medically necessary.

**OUTPATIENT POST INJECTION PHYSICAL THERAPY FOR 8 SESSIONS 2 TIMES PER WEEK FOR 4 WEEKS FOR THE LUMBAR SPINE QTY:8.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines would not support eight sessions of post-injection physical therapy in this case. First and foremost, the need for the injections requested for this claimant has not been established. Furthermore, the claimant has recently undergone 18 sessions of formal physical therapy for the lumbar spine. Due to the lack of support for the requested injections and the fact that 18 sessions have already been completed, the requested for eight additional sessions of therapy at this stage of clinical care would not be medically necessary.