

<b>Case Number:</b>	CM14-0005435		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 61-year-old male who was injured on October 31, 2011. The patient continued to experience pain in his neck, upper back, and lower back. Physical examination was notable for tenderness of the posterior neck muscles, normal motor functions, and normal sensation in all extremities. Electrodiagnostic testing of all extremities, dated February 15, 2012, was negative for radiculopathy. Diagnoses included cervical radiculitis and lumbar radiculitis. MRI of the lumbar spines showed disc protrusion at L2-3, L3-4, L4-5, and dL5-S1 with multilevel facet arthrosis and neural foraminal narrowing. MRI of the cervical spine showed disc protrusions at C3-4, C5-6, and C6-7. Treatment included physical therapy, medications, TENS unit, and injections. Requests for authorization for L4-S1 epidural steroid injections, C4-6 epidural steroid injections, and post-op physical therapy 9 sessions were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-S1 ESFI, C4-6 ESFI X2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , EPIDURAL STEROID INJECTIONS (ESIS),

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 46.

**Decision rationale:** Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of use of epidural steroid injections to treat radicular cervical pain. In this case the documentation in the medical record does not support the diagnosis of radiculopathy in the upper or lower extremities. Physical examination is not consistent with radiculopathy and there is no corroboration by electrodiagnostic testing or imaging. Criteria for epidural steroid injections in the cervical or lumbar spine have not met. The request is not medically necessary and appropriate.

**POST OP PT 3X3 (LOW BACK AND E SPINE):** 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 Pain Interventions and Guidelines Page(s): 46.

**Decision rationale:** The request is for physical therapy after epidural steroid injections in the lumbar or cervical spine. Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of use of epidural steroid injections to treat radicular cervical pain. In this case the documentation in the medical record does not support the diagnosis of radiculopathy in the upper or lower extremities. Physical examination is not consistent with radiculopathy and there is no corroboration by electrodiagnostic testing or imaging. Criteria for epidural steroid injections in the cervical or lumbar spine have not met. There is no need for post-operative physical therapy. The request is not medically necessary or appropriate.

