

<b>Case Number:</b>	CM14-0101985		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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, has a subspecialty in Interventional Spine, 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 patient is a 37-year-old male with a date of injury of 09/30/2013. The listed diagnoses are: 1. Sprain lumbar region. 2. Lumbar spondylosis with right-sided radiculopathy. According to progress report 04/29/2014 by [REDACTED], the patient presents with low back pain. Examination of the lumbar spine revealed back is straight and range of motion is guarded. Forward flexion is 40 degrees, extension is 20 degrees, and side bending is 15/15. Straight leg raise is positive on the right. Patient has weak great right toe extensor and decreased patellar reflex. Treater states physical examination and electrodiagnostic studies are consistent with L5 radiculopathy. The request is for a lumbar epidural injection to the right L4-L5 and L5-S1 levels. He is also requesting physical therapy 2 times a week for 6 weeks and Terocin patches. Utilization review denied the requests on 06/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural injection to the right L4/5, L5/S1 area:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46,47.

**Decision rationale:** This patient presents with low back pain. Examination revealed positive straight leg raise and decreased range of motion. Treater states the patient has a positive EMG that revealed L5 radiculopathy. Electrodiagnostic studies were not provided for review, and there is no MRI of the lumbar spine. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy." In this case, the patient does not present with radicular pain. The treater only documents back pain and no leg symptoms are described. Although the treater reports a positive EMG with L5 radiculopathy, given the lack of any leg symptoms documented, there is no need for an ESI. Recommendation is for denial.

**Physical Therapy 2 x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 103.

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

**Decision rationale:** This patient presents with low back pain. The treater is requesting physical therapy 2 times a week for 6 weeks. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis-type symptoms 9 to 10 sessions over 8 weeks. In this case, medical records indicate the patient received the course of 12 visits between 03/25/2014 and 04/09/2014. Physical therapy status report from 04/09/2014 indicates "the patient has participated in 12 visits thus far." The patient tolerated exercises well and was "instructed in independent performance of home exercise program that addresses the problems in achieving the goals outlined in the plan of care." In this case, the patient has participated in 12 physical therapy sessions with instructions on independent home exercises. The treater's request for additional 12 sessions exceeds what is recommended by MTUS. Furthermore, the treater does not provide a discussion as to why the patient would not be able to transition into a self-directed home exercise program. Recommendation is for denial.

**Terocin patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105 and 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 9th Edition 2011 chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** This patient presents with low back pain. The treater is requesting Terocin patches. Terocin patches contain salicylate, capsaicin, menthol, and lidocaine. The MTUS Guidelines page 112 states under lidocaine, "Indications are for neuropathic pain, recommended for localized peripheral pain after there has been evidence of trial of first line therapy. Topical

lidocaine in the formulation of a dermal patch has been designed for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy." This patient does present with some radicular pain for which this medication is intended for. However, there is no recommendation of duration of use or quantity requested. Recommendation is for denial.