

<b>Case Number:</b>	CM14-0103679		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/04/2014
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 46-year-old female was reportedly injured on 4/4/2014. The mechanism of injury was noted as an acceleration/deceleration injury. The most recent document is the physician advisor recommendation document dated 6/18/2014. It indicated that there were ongoing complaints of low back pain. The physical examination from documentation 4/4/14 stated antalgic gait and positive straight leg raise. No medical documentation was supplied, which included an appropriate physical exam. Diagnostic imaging studies mentioned an MRI of the lumbar spine, dated 5/1/2014, which revealed loss of L5-S1 disc bulge. Official read report not available for review. Previous treatment included physical therapy, medications, and conservative. A request had been made for lumbar epidural steroid injection at L5-S1, physical therapy for lumbar spine 2 times a week for 9 weeks and was not certified in the pre-authorization process on 6/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Epidural steroid injection at L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 46.

**Decision rationale:** The MTUS guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the MTUS guidelines. Specifically, there is no documentation of (radiculopathy). As such, Epidural steroid injection at L5-S1 is not medically necessary.

**Physical therapy two times per week for nine weeks, in treatment of the lumbar spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 98-99.

**Decision rationale:** The MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of 10 visits. The claimant has low back complaints and review of the available medical records failed to demonstrate an improvement in pain or function. The claimant underwent three sessions of functional restoration therapy and in the absence of clinical documentation to support additional visits. Such as, Physical Therapy two times per week for nine weeks, in treatment of the lumbar spine is not medically necessary.