

<b>Case Number:</b>	CM14-0011686		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	10/15/2013
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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:

This patient is a 55-year-old male with the date of injury of 10/15/2013. The listed diagnoses according to the treating physician are: 1. Lumbago, 2. Lumbar disk displacement, and 3. Lumbar/lumbosacral disk degenerative disease. According to the 12/26/2013 progress report, the patient presents with worsening of the lumbar pain. The patient reports his lumbar pain is 4 to 6 inches above his tailbone, and he experiences sharp, stabbing, and shooting pain into his left buttock. The low back pain is primarily on his left side, but it does radiate into the bilateral hips. The patient has a positive straight leg raise on the left but negative on the right. He was able to walk on his toes but was unsteady when attempting to walk on his heels. MRI from 10/28/2013 of the lumbar spine revealed 2- to 4-mm disk protrusion on the left side at levels L4 L5 and L5-S1. The request is for a lumbar epidural steroid injection at L2-L3, 6 visits of physical therapy to "break the cycle of spasm he has in his lumbar spine," and nerve root block at level L4-L5. Utilization review denied the request on 01/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ORTHOPEDIC INJECTIONS WITH ULTRASOUND GUIDANCE ,LEFT L2-L3 PARA VERTEBRAL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 3 (INITIAL

APPROACHES TO TREATMENT ), 48 SPINAL DISORDERS, PAGE 601, and Non-MTUS Citation: OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, TRIGGER POINT INJECTIONS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS under its chronic pain section has the followi.

**Decision rationale:** The patient presents with continued low back pain. The treater is requesting orthopedic injections with ultrasound guidance on the left L2-L3 levels. This request for injection appears to be for the patient's muscle pain with injection intended for paravertebral musculature. There are no muscle injections that would help patient's pain other than trigger point injections. For TPI (trigger point injections), the Chronic Pain Guidelines require a specific documentation of localised palpatory tenderness with a taut band and a referred pain. Given the lack of these findings on examination, the requested paravertebral injection is not medically necessary. Recommendation is for denial.

**3X3 VISITS CLINICAL OF PHYSICAL THERAPY FOR LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PREFACE - PHYSICAL THERAPY.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS has the following: Physical Medicine Page(s).

**Decision rationale:** This patient presents with continued low back pain. The treater is requesting additional physical therapy three (3) times a week for three (3) weeks (3x3) to "break the cycle of spasm he has in his lumbar spine." The patient received 12 physical therapy sessions from 11/06/2013 through 12/03/2013. Review of the physical therapy reports and treating physician's progress reports provide no objective evidence of functional improvement resulted from prior therapy. For physical medicine, the Chronic Pain Guidelines guidelines recommends 9-10 sessions for myalgia and neuritis type symptoms. The patient already had 12 sessions without much improvement and the requested additional sessions exceeds what is recommended by the guidelines. The request is not medically necessary and appropriate.

**NERVE ROOT BLOCK LEFT L4-5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12 (LOW BACK COMPLAINTS), 300 and Non-MTUS Citation: OFFICIAL DISABILITY GUIDELINES (ODG) PROCEDURE SUMMARY - LOW BACK, EPIDURAL STEROIDS INJECTIONS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines The Medical Treatment Utilization Schedule has the fo.

**Decision rationale:** This patient presents with continued low back pain. The treater is requesting a nerve root block at level L4-L5 on the left side. The Chronic Pain Guidelines recommends ESI's (epidural steroid injections) for a clear diagnosis of radiculopathy that require a dermatomal distribution of pain/paresthesia, confirmed via examination findings as well as imaging studies. In this case, pain only goes down to the buttock level and does not present with radicular symptoms. Although the MRI's show left sided small disc protrusion at L4-5, given the absent clear leg symptoms, ESI's are not indicated. The request is not medically necessary and appropriate.