

<b>Case Number:</b>	CM14-0013350		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	12/01/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Occupational Medicine, 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:

Medical records from 2013 were reviewed, which showed that the patient complained of constant low back pain, 7/10, radiating down his left buttock into his left quadriceps and down to his foot. On physical examination, there was tenderness along the lumbar paraspinals. Straight leg raise test was positive on the left. Lumbar extension and flexion caused mild discomfort. Lumbar MRI dated July 5, 2013 demonstrated degenerative changes at multiple levels with mild neural foraminal stenosis at L4-5. X-rays of the lumbar spine dated November 8, 2013 revealed minimal scoliosis and multilevel disk degeneration with no spondylolisthesis. Treatment to date has included medications, chiropractic care, eight sessions of physical therapy, and an epidural injection. Utilization review from January 8, 2014 denied the request for pain management consultation for lumbar spine and lumbar epidural steroid injection because the patient underwent previous epidural steroid injection with documentation of no improvement; and physical therapy for lumbar spine because there was no evidence of sustained improvement with prior physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN MANAGEMENT CONSULTATION FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, , 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** According to the Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. On a December 18, 2013 prescription was written "pain management for lumbar epidural steroid injection". However, the request for a lumbar epidural steroid injection was deemed not medically necessary; therefore, it eliminates the need for a pain management consultation. Therefore, the request for pain management consultation for the lumbar spine is not medically necessary or appropriate.

**LUMBAR EPIDURAL STEROID INJECTION:** 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 (EPIS),

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2, Epidural Steroid Injections, Page(s): 46.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and unresponsiveness to conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. The November 8, 2013 medical report states that the patient previously underwent epidural injections with mild relief and that the patient has not had any physical therapy. The criteria for repeat injections have not been met since not only has the patient not failed conservative therapy (since he has not had any physical therapy), and since prior epidural steroid injections have not provided required relief. Therefore, the request for a lumbar epidural steroid injection is not medically necessary or appropriate.

**PHYSICAL THERAPY FOR THE LUMBAR SPINE:** 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, PHYSICAL MEDICINE GUIDELINES,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2, Physical Medicine, Page(s): 98-99.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at

home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. The November 8, 2013 medical report states that the patient has not had any physical therapy, while the June 10, 2013 medical report states that the patient had physical therapy (2x4) without relief in approximately December 2011. Diagnoses include lumbar stenosis and left leg sciatica. The ODG recommends ten to twelve visits over eight weeks. It would be reasonable to have another trial of physical therapy since the patient has continued to have significant complaint of pain with radiculopathy, and has not had physical therapy for 2-1/2 years. However, the present request failed to specify the number of intended physical therapy sessions. Therefore, the request for physical therapy for the lumbar spine is not medically necessary or appropriate.