

<b>Case Number:</b>	CM14-0136370		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 who has submitted a claim for lumbar radiculopathy secondary to L4-5 and L5-S1 protrusion associated with an industrial injury date of 03/08/2012. Medical records from 12/10/2013 to 07/15/2014 were reviewed and showed that patient complained of chronic low back pain graded 6/10 with right lower extremity symptoms. Physical examination revealed tenderness over the lumbar spine, full ROM, intact sensation and strength of lower extremities, hyporeflexia of right ankle, and positive SLR test on the right. EMG/NCV study results of lower extremities dated 03/25/2014 were suggestive of muscle membrane irritability in the tight gastrocnemius muscle innervated by L5-S1 nerve root. A previous lumbar MRI was done but not made available. Treatment to date has included 7 visits of physical therapy, TENS, heat pack applications, and pain medications. Of note, there was no documentation of functional outcome from previous therapy visits and pain medications. Utilization review dated 08/12/2014 denied the request for 1 Epidural Steroid Injection Right L4-5 and Right L5-S1 H&P because there submitted documents did not display true radiculopathy. Utilization review dated 08/12/2014 denied the request for 12 additional physical therapy visits because the records did not provide evidence of benefit from previous visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Epidural Steroid Injection Right L4-5 and Right L5-S1 H&P: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The CA MTUS Chronic Pain Treatment Guidelines recommend ESIs as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. 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. ESIs do not provide long-term pain relief beyond 3 months and do not affect impairment of function or the need for surgery. The criteria for use of ESIs are: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); Injections should be performed using fluoroscopy (live x-ray) for guidance; In this case, the patient complained of chronic low back pain with right lower extremity symptoms. Physical exam findings included intact sensation and strength of lower extremities, hyporeflexia of right ankle, and positive SLR test on the right. The patient's clinical manifestations were not consistent with a focal neurologic deficit to support evidence of radiculopathy. Imaging studies were not made available with the submitted medical records. EMG/NCV study of lower extremities was suggestive of L5-S1 nerve root radiculopathy. Hence, there was no clear evidence of specific neural compromise based on objective findings and electrodiagnostic testing to support ESI. Furthermore, there was no documentation of conservative treatment failure. The request likewise failed to indicate if ESI will be done under fluoroscopic guidance which is required by the guidelines. Therefore, the request for 1 Epidural Steroid Injection Right L4-5 and Right L5-S1 H&P is not medically necessary.

**12 Additional Physical Therapy Visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Low Back, Physical therapy

**Decision rationale:** According to pages 98-99 of the CA MTUS 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. Physical medicine 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. ODG recommends up to 12 visits of physical therapy over 8 weeks for lumbosacral radiculitis, unspecified. In this case, the patient already completed 7 visits of physical therapy. There was no documentation of functional outcome concerning previous physical therapy visits. The request for 12 additional physical visits would result in a total of 19 physical visits which is in excess of guidelines recommendation. There was no discussion as to why variance from the

guidelines is needed. Therefore, the request for 12 Additional Physical Therapy Visits is not medically necessary.