

<b>Case Number:</b>	CM14-0137098		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	09/10/2009
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/01/2014
<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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Oklahoma. 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 injured worker is a 54-year-old female who reported an injury on 09/10/2009. The mechanism of injury was not submitted for review. The injured worker has a past diagnoses of: chronic neck pain with minimal C5-6 spondylolisthesis, with 1.6 mm disc bulge; chronic low back pain with L3-4 minimal spondylolisthesis, 3 mm disc protrusion at L3-4, 2.7 mm at L4-5 and L5-S1; full thickness rotator cuff tear, the right shoulder, with AC joint arthritis and impingement; lower extremity radiculopathy, chronic headaches; multiple myofascial tender points suspicious for fibromyalgia; and symptoms of depression. Past medical treatment consists of acupuncture, chiropractic therapy, the use of TENS unit, physical therapy, and medication therapy. Medications include Norco and Nexium. The injured worker underwent an MRI of the lumbar spine on 04/08/2014 which revealed the L4-5 had a 1 mm bulge. The central canal and foraminal were otherwise maintained. It was also noted that there was mild central and neural foraminal stenosis. On 07/14/2014, the injured worker complained of neck, shoulder and back pain. Examination revealed that the cervical spine was tender, right worse than the left, mid cervical spine. The right trapezium and scapula were tender. Both shoulders and elbows were tender. The right lumbar spine was tender with a positive straight leg raising on the right. The treatment plan is for the injured worker to undergo a lumbar epidural steroid injection and continue physical therapy of the cervical and lumbar spine. The rationale the provider gave was that the injured worker had significant pain in her lower back and right side with the right leg pain. Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Right L4-5 Lumbar Epidural Steroid Injection: Upheld**

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

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

**Decision rationale:** The request for Right L4-5 Lumbar Epidural Steroid Injection is not medically necessary. The California MTUS Guidelines recommend ESI's as an option for treatment for radicular pain. An 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. There is no information on improved function. The criteria for an epidural steroid injection are as followed: radiculopathy must be documented by physical examination and corroborated by imaging studies, the injured worker must be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy and no more than 2 nerve root levels should be injected using transforaminal blocks. The submitted report did not indicate any objective findings of radiculopathy, numbness, weakness and loss of strength. Furthermore, there was no radiculopathy documented by physical examination. The MRI as submitted did reveal a 1 mm bulge. It also revealed central canal and foraminal stenosis otherwise maintained, but there was no indication of radiculopathy. Additionally, there was a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercise, physical methods and medications. Furthermore, the request as submitted did not indicate the use of fluoroscopy as guidance in the request. As such, the request for Right L4-5 Lumbar Epidural Steroid Injection is not medically necessary.

### **Physical Therapy Cervical and Lumbar Spine (2 X 4): Upheld**

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

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

**Decision rationale:** The request for Physical Therapy Cervical and Lumbar Spine (2 X 4) is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The submitted report lacked any evidence indicating the injured worker's prior course of physical therapy as well as the efficacy of prior therapy. The guidelines recommend up to 10 visits of physical therapy consign the amount of physical therapy visits that have already been completed for the cervical and lumbar spine are unclear. Injured workers are also instructed and expected to continue active therapies at home as

an extension of treatment process in order to maintain improvement levels. Given the above, the injured worker is not within the MTUS Guidelines. As such, the request for Physical Therapy Cervical and Lumbar Spine (2 X 4) is not medically necessary.