

<b>Case Number:</b>	CM14-0159349		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	05/02/2012
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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 is a 54-year-old female with a 5/2/12 date of injury, when she sustained injuries to her lower back while moving tables. The patient was seen on 8/28/14 with complaints of left lower back pain. Exam findings of the lumbar spine revealed decreased range of motion, positive trigger points on the left and positive left straight raising test at 30 degrees with radiation along the left S1 dermatome. The patient had difficulty with heel walking. The progress note stated that the patient attended PT in the past with no benefit. The diagnosis is lumbar radiculopathy, lumbar spine segmental dysfunction and sacral iliac joint dysfunction. Treatment to date: work restrictions, chiropractic treatment, PT, acupuncture and medications. An adverse determination was received on 9/23/14 for a lack of documentation indicating percentage of analgesic response and duration and functional benefit from prior injection and lack of functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 ESI (epidural steroid injection) with facet x2:** Upheld

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

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

**Decision rationale:** CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and 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. However the patient had radicular symptoms on the physical examination, there is a lack of imaging studies documenting correlating concordant nerve root pathology. Therefore, the request for L5-S1 ESI (epidural steroid injection) with facet x2 was not medically necessary.

**Physical Therapy 3x3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. However the progress notes indicated that the patient attended PT in the past with no benefit. In addition, there is no rationale with clearly specified goals from PT treatment for the patient. Lastly, there is a lack of documentation indicating objective functional gains from prior PT treatment and the number of completed sessions was not documented. Therefore, the request for Physical Therapy 3x3 was not medically necessary.