

<b>Case Number:</b>	CM14-0166074		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Orthopedic Spinal Surgery and is licensed to practice in New York. 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 diagnosed with lumbar spinal stenosis and HNP (herniated nucleus pulposus). Treatment has included physical therapy, medications, and four epidural steroid injections. MRI of the lumbar spine shows multilevel degenerative disc condition. The patient has chronic back pain. The patient underwent epidural steroid injection at L5-S1 in June 2014. The patient continues to have pain after the injection. In August 2014, the patient had left L4-5 and L5-S1 epidural steroid injection. Physical examination shows decreased range of motion of the back with tenderness of the lumbar spine. Patient is neurologically normal. At issue is whether additional epidural steroid injections and physical therapy are medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Lumbar Epidural Steroid Injection (LESI) at left L4-5, L5-S1:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain chapter

**Decision rationale:** This patient does not meet ODG established criteria for epidural steroid injection. Specifically, the medical records and physical examination do not document a specific radiculopathy. There is no clear correlation between a physical examination showing radiculopathy and MRI imaging study showing specific compression of I nerve root. Criteria for epidural steroid injection not met.

**Physical Therapy (PT) 3x4 for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain chapter

**Decision rationale:** The patient does not meet MTUS criteria for additional physical therapy for low back pain. Specifically, the medical records document that the patient has already had physical therapy for the injury that occurred in 2013. The medical records do not document an adequate response to the physical therapy. It is unclear how much physical therapy the patient has had and to what extent the physical therapy was helpful. Also since the date of injury was in 2013, it is possible the patient should be transitioned by this time to a home therapy program. Medical necessity for additional formal physical therapy is not supported by documentation in the medical record.