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| <b>Case Number:</b>   | CM14-0174571 |                              |            |
| <b>Date Assigned:</b> | 10/27/2014   | <b>Date of Injury:</b>       | 07/17/2000 |
| <b>Decision Date:</b> | 12/03/2014   | <b>UR Denial Date:</b>       | 10/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/21/2014 |

### 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 Georgia. 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 63 year old male presenting with chronic pain following a work related injury on 07/17/2000. The patient was diagnosed with lumbar disc degeneration, lumbar spondylosis without myelopathy, lumbar spinal stenosis and myofascial pain syndrome. The patient has tried physical therapy and epidural steroid injections in the past. On 10/08/2014, the patient complained of low back pain which radiates to the bilateral lower extremities associated with numbness and tingling sensation on feet and toes. The physical exam showed reduce range of motion with lumbar flexion, tenderness to palpation of the left L4-5 lumbar facet joints, decreased sensation to light touch of right lower extremity throughout the leg, and decreased sensation to left lower extremity along the posterior aspect of lower. MRI of the lumbar spine on 10/02/14 showed L4-5 postoperative changes with multifactorial moderate right lateral recess narrowing and mild left neuroforaminal stenosis. NCV/EMG showed right sural nerve with prolonged distal sensory latency and borderline N-wave amplitude-reduced when compared to left side as well as abnormal H-reflexes from the tibial nerves with prolonged H-wave latency. A claim was placed for a caudal epidural steroid injection and pool therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal Epidural Steroid Injection, Fluroscopy, and Sedation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

**Decision rationale:** Caudal Epidural Steroid Injection, Fluoroscopy, and Sedation is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy; if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using Transforaminal blocks. No more than 1 interlaminar level should be injected at one session. In the therapeutic phase repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The ODG states that in terms of sedation with epidural steroid injections, the use of IV sedation (including other agents such as modafinil) may interfere with the result of the diagnostic block, and should only be given in cases of extreme anxiety. Additionally, a major concern is that sedation may result in the inability of the patient to experience the expected pain and parathesias associated with spinal cord irritation. The claimant's physical exam is not consistent with radiculopathy that is corroborated by diagnostic studies demonstrating the specific nerve root compression in the distribution of the patient's pain. Additionally, anesthesia is not recommended in this case. The requested procedure is not medically necessary per ODG and CA MTUS guidelines.

**Independent Aqua Therapy x12 Sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pool Therapy Page(s): 12 and 22.

**Decision rationale:** Independent Aqua Therapy x12 Sessions is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize effects of gravity, so it is specifically recommended where reduce weight bearing is desirable, for example extreme obesity. Whether exercise improves some components of health-related quality of life, balance, and stair climbing and 50 minutes with fibromyalgia, but regular exercise and high intensities may be required to preserve most of these gains. For ankle sprains postsurgical treatment allows 34 visits of physical therapy over 16 weeks. The exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be of early passive range of motion exercises at home by therapist. This randomized controlled trial supports early motion

(progressing to full weight bearing at 8 weeks from treatment) as acceptable form of rehabilitation and surgically treated patients with Achilles tendon ruptures. The claimant's records did not indicate the rationale for aqua therapy. Per MTUS Guidelines pages 12 and 22, aqua therapy is recommended where weight bearing is desirable. There is no documentation that weight bearing exercises were desirable as result of a co-morbid condition such as extreme obesity. Additionally, the claimant had previously completed physical therapy without documentation of benefit or improved function; therefore, the requested service is not medically necessary.