

<b>Case Number:</b>	CM14-0177296		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	02/26/2014
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2014

### 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 Occupational Medicine 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:

Injured worker is a 57 year-old male with date of injury 02/26/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/29/2014, lists subjective complaints as pain in the low back. Injured worker received a lumbar epidural injection on 07/30/2014 but only had several hours of relief. MRI of the lumbar spine performed on 04/14/2014 was notable for diffuse disc bulges at L3-4 and L4-5 with impingement of the L5 nerve roots bilaterally. There was also disc desiccation at L3-4 and L4-5. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the left side at L4-5 and to some extent L5-S1 level. There was paraspinal spasm at the thoracolumbar junction and tenderness along the left superior iliac crest. Range of motion was restricted in forward flexion and extension by about 50%. Motor and sensory exams were within normal limits. Diagnosis: 1. Lumbosacral sprain/strain with radiation to both lower extremities 2. Disc protrusion at L4-5 3. History of prior gunshot wound to the pelvis with injury to the sacroiliac joint. Possible auto fusion (40 years ago) with no history of complaints due to this problem. Injured worker has completed 10 sessions of physical therapy for the lumbar spine to date. Original reviewer modified request for physical therapy from 12 sessions to 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Two (2) Times a Week for Six (6) Weeks: 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 Page(s): 58-60.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines 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. Continued physical therapy is predicated upon demonstration of a functional improvement. A previous reviewer modified the request to 6 visits of therapy as a trial period. There is no documentation of objective functional improvement. Physical therapy two (2) times a week for six (6) weeks is not medically necessary.

**Lumbar Epidural Injection at L4-L5:** 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 Page(s): 46.

**Decision rationale:** According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The medical record lacks insufficient documentation of radiculopathy on the physical exam and corroborating imaging studies. Lumbar epidural injection at L4-L5 is not medically necessary.