

<b>Case Number:</b>	CM14-0025929		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	04/25/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 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:

The injured worker is a 27-year-old female who reported an injury on 04/25/2012. The mechanism of injury was lifting. Her diagnoses include displacement of intervertebral disc without myelopathy, greater trochanter bursitis, and type II diabetes. Her previous treatments include acupuncture, chiropractic treatment, medication, physical therapy, injections, and facet blocks. Per the clinical note dated 01/17/2014, the injured worker reported that she continued to have low back pain at the belt line region extending to the hips, right side, buttocks, and posterior thigh and leg. She reported the pain was shooting with a burning sensation and while walking her left leg gives out on her. The injured worker reported her pain was a 6/10 at rest and increased to a 9/10. Her current medications include diazepam, ibuprofen, and Oxycodone. Upon physical examination of the lumbar spine and lower extremities, the physician reported the injured worker walked with a normal gait and had a normal heel to toe swing through gait with no evidence of a limp and no evidence of weakness walking on the toes or heels. On palpation of the lumbar spine, the physician noticed there was tenderness to the paravertebral muscles, sacroiliac joints, and sciatic notches bilaterally. The physician reported that sensation to light touch and pinprick was intact in the bilateral lower extremities. The range of motion of the lumbar spine with flexion was 37 degrees, extension 20 degrees, left lateral bending 23 degrees, and right lateral bending 24 degrees. The physician reported the straight leg raise was negative bilaterally at 90 degrees. The physician reported the patient had an EMG/NCV on 04/25/2013 of the bilateral lower extremities that indicated evidence of L5 radiculopathy bilaterally. The physician's treatment plan included a request for physiotherapy trial 3 times a week for 4 weeks to focus on core strengthening and a corticosteroid injection. The current request is for physiotherapy 3x4 to the lumbar spine for core strengthening. The request for authorization for physiotherapy was provided on 01/17/2014. An MRI of the lumbar spine on 02/20/2014 that

revealed at the L5-S1 disc level there was no evidence for disc herniation, spinal canal stenosis, or neural foraminal narrowing. A 03/14/2014 note included a plan for an L5 selective nerve root block due to her ongoing radicular symptoms in the bilateral lower extremities and conflicting diagnostic tests. However, it was noted that a physical examination was deferred. The rationale for the selective nerve root block at left L5-S1 was to see if placing medication directly at the problematic site to alleviate her symptoms. The request for authorization for the block was not provided in the medical records.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PHYSIOTHERAPY 3X4 TO THE LUMBAR SPINE FOR CORE STRENGTHENING.:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

**Decision rationale:** The current request for physiotherapy 3x4 to the lumbar spine for core strengthening is not medically necessary. The California MTUS Guidelines state that for physical medicine, 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. Patients are also instructed and expected to continue active therapies at home as an extension of treatment process in order to maintain improvement levels. The physical therapy guidelines indicate that for myalgia and myositis, 9 to 10 visits over 8 weeks and neuralgia, neuritis, and radiculitis 8 to 10 visits over 4 weeks. The documentation provided indicated the patient had attended prior physical therapy; however, it is unclear if the patient had measurable objective functional gains to support additional therapy and the request exceeds the guidelines recommendations. As such, the request for physiotherapy 3x4 to the lumbar spine for core strengthening is not medically necessary.

#### **SELECTIVE NERVE ROOT BLOCK AT LEFT L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

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

**Decision rationale:** The current request for selective nerve root block at left L5-S1 is not medically necessary. The California MTUS Guidelines state epidural steroid injections may be recommended when there is evidence of radiculopathy on physical exam and corroboration by MRI or electrodiagnostic studies, when the patient is initially unresponsive to conservative treatment including; exercise, physical therapy and medications. The injured worker was noted to

have evidence of bilateral L5 radiculopathy on previous electrodiagnostic studies; however, the most recent MRI dated 02/20/2014 was noted as normal. While a diagnostic block may be warranted to determine radiculopathy, no physical examination was performed on 03/14/2014 to indicate evidence of radiculopathy. Due to the lack of documentation of neurological deficits, the request is not supported. As such, the request for selective nerve root block at left L5-S1 is not medically necessary.