

<b>Case Number:</b>	CM14-0035878		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	11/13/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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, has a subspecialty in Pain Management 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 patient with a date of injury of 11/13/12. A utilization review determination dated 2/26/14 recommends non-certification of lumbar epidural steroid injection at L5-S1, spinal nerve root injection right L5 and S1, and physical therapy two times three. 1/27/14 medical report identifies that the patient was 2 weeks s/p lumbar epidural steroid injection at L5-S1 (selective lumbar epidural steroid injection at L5-S1 interspace). Preoperative pain was 7-8/10. The pain level the first week after the injection was 4-5/10 and 6/10 the week after. He had no physical therapy yet and was doing well with increased activity level. On exam, there was lumbar spine tenderness and right sacroiliac joint dysfunction tenderness. SLE is positive at 30 degrees on the right and 45 on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Lumbar epidural steroid injection at L5-S1 level: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

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

**Decision rationale:** Regarding the request for lumbar epidural steroid injection at L5-S1 level, Chronic Pain Medical Treatment Guidelines state that 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. Within the documentation available for review, the patient underwent an epidural steroid injection at L5-S1 2 weeks prior to the current request. Pain relief was noted at approximately 3 points on the visual analog scale the first week and 1-2 points the second week with increased activity level. However, as the documentation does not identify at least 6 weeks of relief at 50% with functional improvement and reduction of medication, additional epidural/nerve root injections are not indicated. In light of the above issues, the currently requested lumbar epidural steroid injection at L5-S1 level is not medically necessary.

**Spinal nerve root injection at the right L5 and right S1 region:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

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

**Decision rationale:** Regarding the request for spinal nerve root injection at the right L5 and right S1 region, Chronic Pain Medical Treatment Guidelines state that 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. Within the documentation available for review, the patient underwent an epidural steroid injection at L5-S1 2 weeks prior to the current request. Pain relief was noted at approximately 3 points on the VAS scale the first week and 1-2 points the second week with increased activity level. However, as the documentation does not identify at least 6 weeks of relief at 50% with functional improvement and reduction of medication, additional epidural/nerve root injections are not indicated. In light of the above issues, the currently requested spinal nerve root injection at the right L5 and right steroid injection region is not medically necessary.

**Physical Therapy 2x3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PT - Low Back Intervertebral disc disorders without myelopathy.

**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 Chapter, Physical therapy (PT).

**Decision rationale:** Regarding the request for physical therapy, California Medical Treatment Utilization Schedule (MTUS) does not address physical therapy for post-injection therapy, but Official Disability Guidelines (ODG) recommends 1-2 visits over 1 week. Within the

documentation available for review, the patient underwent epidural steroid injection and physical therapy was recommended. However, the request for 6 sessions is not supported and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.