

<b>Case Number:</b>	CM14-0038334		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/10/2009
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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:

The applicant is a represented [REDACTED] employee who filed a claim for chronic low back pain reportedly associated with an industrial injury of September 10, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; muscle relaxants; attorney representation; transfer of care to and from various providers in various specialties; and apparent return to work as a firefighter. In a utilization review report dated March 18, 2014, the claims administrator partially certified a request for 12 sessions of physical therapy as 9 sessions of physical therapy alone. An epidural steroid injection was denied. The claims administrator did document the presence of earlier epidural steroid injections in November 2012, January 2013, and July 2013 with subsequent reductions in pain. The claims administrator cited non-MTUS ODG Guidelines in its physical therapy partial certification. The epidural injection was apparently denied on the grounds that the applicant had not maximized conservative management, although the applicant was several years removed from the date of injury as of the date of the request. On April 7, 2014, the applicant presented with 1 to 2/10 low back pain radiating to the bilateral lower extremities. It was stated that earlier epidural steroid injection therapy of March 24, 2014 had been successful. It was stated that the applicant did derive appropriate analgesia with the procedure and was able to continue working as a firefighter. The applicant was also able to perform activities of daily living, including cooking, cleaning, and home exercises, also reportedly attributed to the epidural injection. The applicant was using pain medications such as Motrin, Lidoderm, Soma, and Percocet "very rarely." The applicant was severely obese, with a BMI of 40. Also reviewed is a lumbar MRI of December 3, 2013, notable for mild central and foraminal stenosis at L2-L3 and L4-L5 with interval resorption of previously seen right paracentral disk protrusion at L5-S1. No residual stenosis or mass effect was appreciated upon the L5-S1 nerve roots.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lumbar steroid injection L4-5 x1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 46, Epidural Steroid Injections topic. Page(s): 46.

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. The MTUS, however, recommends no more than two epidural steroid injections. In this case, the applicant has had several epidural steroid injections over the course of the claim. The MTUS further notes that epidural injections during the therapeutic phase of an injury be radiographically and/or electrodiagnostically confirmed. In this case, however, the claimant's most recent lumbar MRI of December 3, 2013 is essentially negative and fails to uncover clear source for radicular symptomatology. Therefore, the request is not medically necessary.

### **Initial physical therapy, (3) times a week for (4) weeks for the lumbar spine quantity: 12.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back, Physical therapy Guidelines.

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

**Decision rationale:** The 12-session course of treatment proposed by the attending provider, in and of itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. In this case, however, no clear rationale for treatment in excess of the MTUS parameters was provided. It was not clearly stated why a lengthier course of treatment was needed or indicated here. Therefore, the request are not medically necessary.