

<b>Case Number:</b>	CM14-0039814		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Nevada. 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 records, presented for review, indicate that this 58-year-old male was reportedly injured on 10/1/2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 2/26/214, indicated that there were ongoing complaints of neck and low back pains that radiated down in the left lower extremity. The physical examination demonstrated lumbar spine limited range of motion with pain and positive straight leg raise on the left. Left lower extremity had decreased sensation to light touch over the left foot. Deep tendon reflexes showed trace on left Achilles. No recent diagnostic studies were available for review. Previous treatment included physical therapy, medications, and conservative treatment. A request had been made for physical therapy 3 times a week for 6 weeks #18, lumbar epidural steroid injection at L5-S1 and was not certified in the pre-authorization process on 3/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 6 weeks, QTY: 18:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page 98, 99 of 127 Page(s): 98, 99 of 127.

**Decision rationale:** MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of 10 visits. The claimant has multiple chronic complaints and review of the available medical records failed to demonstrate an improvement in pain or function. The claimant underwent previous physical therapy, and in the absence of clinical documentation to support additional visits, this request is not considered medically necessary. Also noted were treatment provider's request exceeded number of physical therapy visits per guidelines. Therefore, the request is not medically necessary.

**Lumbar Epidural Steroid Injection for L5-S1, QTY: 1: 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 46.

**Decision rationale:** The MTUS allows for epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there was insufficient clinical evidence that the proposed procedure met the MTUS guidelines. Specifically, there was no documentation of radiculopathy in specific dermatome. Therefore, the requested procedure is deemed not medically necessary.