

<b>Case Number:</b>	CM14-0048154		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/16/2000
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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:

The injured worker is a 41-year-old female with a reported date of injury on May 16, 2000. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include postlaminectomy syndrome and radiculitis to L5. Her previous treatments were noted to include physical therapy, surgery, and medications. The MRI of the lumbar spine dated March 24, 2014 revealed postsurgical changes at the L4 and L5 level. The L5-S1 level had a 2 mm to 3 mm diffuse disc bulge noted not causing any significant central or nerve root canal stenosis, no significant facet joint arthropathy is noted. The L4-5 level has a small 1 mm to 2 mm disc bulge not causing any significant central spinal canal stenosis or foraminal narrowing; however, facet joint hypertrophy is noted. The L3-4 level has a 3 mm to 4 mm diffuse disc bulge noted, which contributed to a mild central spinal canal stenosis. The anterior posterior diameter of the thecal sac is about 9.5 mm. There is encroachment along the foraminal exit zone bilaterally contributed to mild narrowing with mild facet joint hypertrophy. The progress note dated 04/16/2014 revealed the injured worker complained of severe pain into her low back. The injured worker described the back/leg pain ratio as 100% back pain and 0% leg pain. The injured worker described her symptoms as getting worse and that she had been attending physical therapy. The physical examination of the lumbar spine revealed limited range of motion. There was tenderness and spasm noted to the lumbar paraspinal, sciatic notch and posterior iliac crest. The deep tendon reflexes were equal bilaterally and motor strength was rated 4/5. There was a bilateral positive straight leg noted. The provider revealed the injured worker had positive L5 distribution straight leg raise and performed 1 session of physical therapy and had excruciating pain and therefore was unable to do the exercises. The Request for Authorization Form dated March 31, 2014 is for epidural L3-4, L4-5, and physical therapy 3 times 6 for lumbar pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lumbar Epidural Steroid Injection (ESI) at L3-4, L4-5: 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 Chapter.

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

**Decision rationale:** The injured worker has a positive straight leg raise and weakness in the L5 dermatomal distribution. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The guidelines criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs (non-steroidal anti-inflammatory drugs), and muscle relaxants). The injections should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. 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. There is a lack of documentation regarding decreased sensation or decreased deep tendon reflexes. The clinical findings indicated a positive straight leg raise and decreased strength in the L5 dermatomal distribution; however, there is a lack of documentation showing significant neurological deficits such as decreased sensation in a specific dermatomal distribution. Therefore, the request for a lumbar ESI at L3-4, L4-5 is not medically necessary or appropriate.

### **Physical therapy, three times weekly for six weeks: 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) Low Back Chapter; ODG Physical Therapy Guidelines.

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

**Decision rationale:** The injured worker has received previous 18 physical therapy sessions. The California Chronic Pain Medical Treatment Guidelines recommend active therapy 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks. The injured worker has received a previous 18 visits of physical therapy with a lack of quantifiable objective functional improvements. Additionally, the injured worker received an additional visit with physical therapy and was unable to complete exercises due to pain. Therefore, despite the current measurable objective functional deficits, due to the lack of quantifiable objective functional improvements with previous physical therapy, the request exceeds guideline recommendations, physical therapy is not appropriate at this time. Therefore, the request for physical therapy, three times weekly for six weeks, is not medically necessary or appropriate.