

<b>Case Number:</b>	CM14-0050428		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/08/2007
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	03/05/2014
<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 Internal and Emergency Medicine, and is licensed to practice in Florida. 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 patient is a 40-year-old with a date of injury of May 8, 2007. A progress report associated with the request for services, dated January 23, 2014, identified subjective complaints of low back and right knee pain. Objective findings included tenderness to palpation of the lumbar spine with decreased range-of-motion. There was tenderness to palpation of both sciatic nerves down to the calves and decreased motor function in the left extensor hallucis. Diagnoses included multilevel degenerative disc disease of the lumbar spine and chondromalacia of the right patella. Treatment has not included epidural injections in the past. She has undergone physical therapy. A Utilization Review determination was rendered on March 5, 2014 recommending non-certification of "Inforamen Epidural Injection".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of lumbar steroid injections:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46-47.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections Other Medical Treatment Guideline or Medical Evidence: BMC Musculoskelet Disord. 2013; 14(206).

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Guidelines note that epidural steroid injections (ESI) offer short-term relief from radicular pain, but do not affect impairment or need for surgery. Criteria for ESIs include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Further, no more than one interlaminar level should be injected at one session. The Official Disability Guidelines (ODG) states that an epidural steroid injection "... offers no significant long-term benefit." Criteria include objective findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing. They should be done using fluoroscopy. The Medical Treatment Utilization Schedule Chronic Pain Guidelines note that epidural steroid injections (ESI) offer short-term relief from radicular pain, but do not affect impairment or need for surgery. Criteria for ESIs include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Further, no more than one interlaminar level should be injected at one session. The Official Disability Guidelines (ODG) states that an epidural steroid injection "... offers no significant long-term benefit." Criteria include objective findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing. They should be done using fluoroscopy. During the diagnostic phase, a maximum of one to two injections and the second block is not indicated without 30% or more improvement from the first. No more than two nerve roots should be injected using transforaminal blocks and no more than one interlaminar level during one session. If there is a documented response to the therapeutic blocks (50-70% pain relief for at least 6-8 weeks), then up to 4 blocks per region per year may be used. Current research does not support "series-of-three" injections. The non-certification was modified to one injection. The RFA requests what appears to be a single injection. In this case, the claimant has signs and symptoms of a radiculopathy. Likewise, the diagnosis is supported by imaging. Conservative measures have been attempted and failed. Therefore, the request for a series of lumbar steroid injections is medically necessary and appropriate.

**Post-operative Physical Therapy Sessions for the right knee (12 sessions - 2 times a week for 6 weeks):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-11; 24. Decision based on Non-MTUS Citation ODG- Low Back, Epidural Steroid Injections BMC Musculoskelet Disord. 2013; 14(206).

**Decision rationale:** The current request is for additional physical therapy. The California MTUS Postsurgical Guidelines for chondromalacia of the patella include a general course of therapy of twelve visits over twelve weeks, with a postsurgical physical medicine treatment period of 4 months. An initial course of therapy should be tried, which is one-half the number of visits specified in the general course of therapy. Then, with documentation of functional improvement, a subsequent course of therapy can be prescribed within the parameters of the general course of therapy. The Guidelines also specify that after completion of the general course of therapy, if it is determined that additional functional improvement can be accomplished; physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The

documentation submitted does not include the date and other details of the patient's arthroscopy. Also, though twelve sessions may be allowed, an initial course of 6 sessions should first be tried. Therefore, the request for post-operative physical therapy for the right knee, twice weekly for six weeks, is not medically necessary or appropriate.