

<b>Case Number:</b>	CM14-0074819		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/29/2013
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 49 year old male with a work injury dated 9/29/13. The diagnoses include status post cervical spine fusion 1/20/14; status post lumbar spine fusion 12/4/12; history of Suboxone treatment. Under consideration is a request for physical therapy two to three times per week for six to eight weeks and an epidural injection at L4 and L5. There is a 3/25/14 follow up visit document that states that the patient was seen for follow up regarding cervical spine and lumbar spine. He is status post cervical spine discectomy and fusion procedure. His pain is remarkably improved compared to preoperative status. Pain level is approximately 2 out of 10. His arm symptoms are almost completely normal. Additional problem of low back have not been addressed until now. MRI scan prior to surgery shows evidence of spinal stenosis at L4-5 level at the level previously fused. Obtain authorization for treatment of lumbar spine. There is a 5/5/14 document requesting physical therapy two to three times per week for six to eight weeks for the cervical spine and lumbar spine and an epidural steroid injection at L4-L5. A 4/30/14 document states that the patient seen today in follow up for both his cervical and lumbar spine. The patient is doing very well with respect to his cervical spine. He is status post anterior cervical discectomy and fusion of C5 through C7, and an artificial disk placement at C4-5. The patients x-rays today show evidence of a solid fusion, cervical spine. The patient is ready to start formal physical therapy to his neck. The current complaints are low back pain, pain across radiating to both lower extremities; lower extremity symptoms have worsened over the last year. Physical examination shows decreased range of motion of the lumbar spine. There is pain on flexion and extension. Neurologically, he does not have a positive straight leg raise, but does have some numbness into the L5 distribution distally. Weakness was felt to be close to normal, 4+ to 5/5 bilaterally. The treatment plan included physical therapy for cervical and lumbar spine

and an epidural injection at L4, L5. A 7/14/14 primary treating physician (PR-2) document states that the patient feels miserable. He has to go to the ER to get a Toradol injection. He complains of knife like cervical pain to the right arm. The objective findings are illegible except for decreased cervical spine and shoulder range of motion. There is a Tinel sign positive at the elbow.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy two to three times per week for six to eight 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.

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

**Decision rationale:** Physical therapy two to three times per week for six to eight weeks is not medically necessary per the MTUS Post surgical and Physical medicine Guidelines. The Chronic Pain Medical Treatment Guidelines for physical medicine state that the patient can receive up to 10 therapy visits for his low back. The MTUS Post Surgical Guidelines state that 24 visits of therapy over 16 weeks is appropriate for the patient's cervical spine. The guidelines state that if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. The initial course would be half of the postsurgical recommended therapy (in this case 12). The request as written exceeds the recommended amount of therapy for the cervical spine and lumbar spine. Therefore, physical therapy two to three times per week for six to eight weeks is not medically necessary.

**Epidural injection at L4 and L5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 45.

**Decision rationale:** Epidural injection at L4 and L5 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that epidural steroid injections can be an option when radiculopathy is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Furthermore the patient should be initially unresponsive to conservative treatment such as exercises, and physical methods. The documentation submitted does not reveal physical exam findings suggestive of radiculopathy that are correlated with objective documentation of a lumbar MRI or an electrodiagnostic study.

The documentation does not reveal he has had recent therapy or exercises for his low back. The request for epidural injection at L4 and L5 is not medically necessary.