

<b>Case Number:</b>	CM14-0095575		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/07/2011
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 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 40 year old female with a work injury dated 9/7/11. Her diagnoses include status post 3/12/13 anterior lumbar anterior/posterior L5-S1 PLIF with postlaminectomy procedure, lumbar disc displacement, lumbosacral neuritis. Under consideration is a request for repeat lumbar nerve root block left lumbar 5 and Left Sacral 1, and physical therapy three (3) times a week for three (3) weeks. There is documentation that on 4/29/14 the patient underwent a left L5 selective nerve root block/epidural and a lumbar epidural steroid injection at S1 on the left. There is a primary treating physician (PR-2) document dated 6/4/14 that states that the patient has more severe leg pain off Lyrica. She has continued numbness/tingling in the left calf. She reports she is at this time 50% improved. Her lumbar pain is unchanged 5/10. She was last seen 5/21/14. Her neurological exam revealed bilateral 2+ reflexes in the patella and Achilles. There are no motor deficits. There is a positive left straight leg raise at 80. There is a left positive Fabere. There is decreased lumbar range of motion. The left S1 is weak and there is 4/5 left hip flexion. The treatment plan states that the ESI left L5/S1 feels stronger-took 3 days. There is a neurosurgery evaluation pending. CT myelogram reveals moderate to severe stenosis L5-S1 on the left. a CT myelogram is to be reviewed. The patient is to continue current meds without change.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Lumbar Nerve Root Block Left Lumbar 5 and Left Sacral 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 45. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- Epidural steroid injections, diagnostic and Epidural steroid injections (ESIs), therapeutic.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that 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. The ODG adds that if after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. This is generally referred to as the "therapeutic phase. The documentation does not indicate that the patient has had 50% pain relief with reduction of medication for 6-8 weeks therefore a repeat lumbar nerve root block left L5 and left Sacral S1 is not medically necessary and appropriate.

**Physical Therapy three (3) times a week for three (3) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Physical Therapy (PT).

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 visits for this condition as patient is beyond the postoperative visit at this point. The patient has had 37 PT visits per documentation. The patient should be well versed in a home exercise program. There are no extenuating circumstances to warrant additional therapy. The request for Physical Therapy three (3) times a week for three (3) weeks is not medically necessary and appropriate.