

<b>Case Number:</b>	CM14-0096858		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	12/09/2003
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 61-year-old male who reported an injury on 12/09/2003. The mechanism of injury was not provided for clinical review. The diagnoses include multilevel disc and facet degeneration, L4-5 moderate to severe right foraminal narrowing, L5-S1 severe bilateral foraminal narrowing, postoperative change in lower lumbar spine at L4-5, and posterior central disc extrusion at L1-2. The previous treatments included physical therapy, epidural steroid injections, and medications. Diagnostic testing included an x-ray and an MRI. Within the clinical note dated 04/03/2014, it was reported the injured worker complained of intermittent moderate low back pain with radiation to the right leg. The injured worker complained of having numbness in his right leg. Upon physical examination of the lumbar spine, the provider noted tenderness over the bilateral paralumbar with spasms. The injured worker had decreased sensation to light touch on the right L5. The range of motion was flexion at 40 degrees and extension at 5 degrees. The provider noted the injured worker had a positive straight leg raise bilaterally. The provider noted the injured worker had undergone an epidural steroid injection with 30% to 40% relief of back pain. The provider requested a second epidural steroid injection and physical therapy. However, a rationale was not provided for clinical review. The Request for Authorization was provided and submitted on 05/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Post Injection Physical Therapy Visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. There is a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The number of sessions the injured worker has previously undergone was not provided for clinical review. There is a lack of documentation including an adequate and complete physical examination demonstrating the injured worker had decreased functional ability and decreased strength and flexibility. Therefore, the request is not medically necessary.

### **1 Lumbar Epidural Steroid Injection L5-S1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI) Page(s): 46.

**Decision rationale:** MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs, and muscle relaxants. The guidelines recommend if epidural steroid injections are 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. There is a lack of documentation of imaging studies to corroborate the diagnosis of radiculopathy. There is a lack of documentation indicating the injured worker had been unresponsive to conservative treatment, including exercise, physical methods, NSAIDs, and muscle relaxants. The injured worker previously underwent a lumbar epidural steroid injection which was not documented to have at least 50% pain relief with reduction of medication for at least 6 to 8 weeks. There is a lack of documentation of functional improvement with the previous injection. Therefore, the request is not medically necessary.