

<b>Case Number:</b>	CM14-0199706		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	02/07/2012
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 40 year old male who was injured at work on 02/07/2002. He is reported to be experiencing constant low back pain that radiates down the back of his buttocks to his legs. The pain worsens with activities, but improves with medications and rest. The physical examination revealed limited range of motion of the lumbar spine, pain on palpation of the lumbar intervertebral disc space at L4-L5, positive bilateral leg raise at 50 degrees. The worker has been diagnosed of lumbar sprain, Lumbar degenerative, lumbar disc prolapse with radiculopathy. MRI of 3/6/2013 revealed L5-S1 disc desiccation, posterior annular tear, bilateral facet arthropathy at T11-T12; MRI of 05/29/2014 revealed L4-L5 a 3 mm annular disc bulge with biforaminal and mild central canal stenosis at L5-S1. Treatments have included TENS unit, physical therapy, acupuncture, aqua therapy, Soma, Terocin, valium, Norco or Percocet, and bilateral L4-L5, L5-S1 transforaminal epidural steroid injection in 06/2014, the injection provided three months of relief. At dispute are the requests for Outpatient Bilateral L4-5 and L5-S1 Transforaminal Epidural Steroid Injection (ESI); and 12 Physical Therapy (PT) Sessions To The Lumbar Spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Bilateral L4-5 and L5-S1 Transforaminal Epidural Steroid Injection (ESI):**  
Upheld

**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 (ESIs) Page(s): 46.

**Decision rationale:** The injured worker sustained a work related injury on 02/07/2002. The medical records provided indicate the diagnosis of lumbar sprain, Lumbar degenerative, lumbar disc prolapse with radiculopathy. MRI of 3/6/2013 revealed L5-S1 disc desiccation, posterior annular tear, bilateral facet arthropathy at T11-T12; MRI of 05/297/2014 revealed L4-L5 a 3 mm annular disc bulge with biforaminal and mild central canal stenosis at L5-S1. Treatments have included TENS unit, physical therapy, acupuncture, aqua therapy, Soma, Terocin, valium, Norco or Percocet, and bilateral L4-L5, L5-S1 transforaminal epidural steroid injection in 06/2014, the injection provided three months of relief. The medical records provided for review do not indicate a medical necessity for Outpatient Bilateral L4-5 and L5-S1 Transforaminal Epidural Steroid Injection (ESI). The MTUS does not recommend the use of Lumbar Epidural injection without evidence of radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Although the History and physical examination are in support of radicular pain, this is not corroborated by the MRI or Nerve studies. Also, the MTUS recommends repeat blocks if there is continued objective documented pain and functional improvement of at least 50% pain relief with associated reduction of medication use for six to eight weeks. However, although the records reviewed indicate the injured worker benefited from the previous injection, the level of improvement was not quantified. Therefore, the requested treatment is not medically necessary.

## **12 Physical Therapy (PT) Sessions To The Lumbar Spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-97.

**Decision rationale:** The injured worker sustained a work related injury on 02/07/2002. The medical records provided indicate the diagnosis of lumbar sprain, Lumbar degenerative, lumbar disc prolapse with radiculopathy. MRI of 3/6/2013 revealed L5-S1 disc desiccation, posterior annular tear, bilateral facet arthropathy at T11-T12; MRI of 05/297/2014 revealed L4-L5 a 3 mm annular disc bulge with biforaminal and mild central canal stenosis at L5-S1. Treatments have included TENS unit, physical therapy, acupuncture, aqua therapy, Soma, Terocin, valium, Norco or Percocet, and bilateral L4-L5, L5-S1 transforaminal epidural steroid injection in 06/2014, the injection provided three months of relief. The medical records provided for review do not indicate a medical necessity for 12 Physical Therapy (PT) Sessions to the Lumbar Spine. The MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Since the injured worker has had an unspecified number of physical therapy, the MTUS recommends he continues with home exercises. Therefore, the requested treatment is not medically necessary.

