

<b>Case Number:</b>	CM14-0199853		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	02/08/1995
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/18/2014
<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 Physical Medicine Rehab, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 72 year-old female with an original date of injury on 2/8/1995. The industrially related diagnoses are lumbar radiculopathy, lumbar herniated disc disease, lumbar facet arthritis, and lumbar myofascial spasm. The patient has undergone a L4-5, L5-S1 transforaminal epidural steroid injection on 4/15/2014. A follow-up on 6/11/2014 indicated subjective improvement. In addition, the patient has had physical therapy with slight improvement, and has transitioned to a home exercise program. The disputed issues are right L4-5, L5-S1 transforaminal epidural steroid injection with fluoroscopic guidance, injection with local anesthetic with Valium 5mg, and 12 sessions of physical therapy for the lumbar region. A utilization review dated 11/8/2014 has non-certified these requests. Regarding the request for right L4-5, L5-S1 transforaminal epidural steroid injection with fluoroscopic guidance, the utilization review states the documentation indicated the patient has had a previous epidural injection without documentation of functional improvement of at least 50% pain relief for 6-8 weeks as recommended by guidelines. In the absence of such documentation, the repeat epidural steroid injection is not recommended. Regarding the request for local anesthetics + Vallium 5mg injection for trigger point, the utilization review states the patient did not meet the requirements for trigger point injection, including failing conservative therapy with medication and physical therapy, and documentation indicating 50% pain relief from initial injection with functional improvement. Therefore the request is not indicated at this time. With regards to physical therapy, the utilization review states the patient has already had physical therapy sessions without clear indication for extension, nor were there objective signs of improvement with prior physical therapy. In addition, there's no contraindication for home exercise program to address the remaining functional deficits. Therefore, the request was determined not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Right L4-4, L5-S1 Transforaminal Epidural Steroid Injections with Fluoroscopic**

**Guidance:** 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 patient has had a previous epidural steroid injection of the L4-L5 L5-S1 region with subjective improvement. On a follow-up progress note from date of service 6/11/2014 and 7/23/2014 does not provide documentation of functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, as per guideline recommendation. In addition, there's no clear documentation of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, were found in the follow up notes. In the absence of such documentation, the currently requested repeat lumbar epidural steroid injection is not medically necessary.

**Injection with Local Anesthetic + Valium 5mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Injection with Anesthetics and/or Steroids

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection Section Page(s): 122.

**Decision rationale:** According to the order request on 8/7/2014, Valium oral formulation 5mg was requested to be used 1 hour prior to procedure along with local anesthetics of unspecified kind and dosage. It is safe to assume the procedure they are referring to is the right L4-5, L5-S1 transforaminal epidural steroid injection with fluoroscopic guidance. Because the procedure itself is not approved, these pre-procedure medications are not necessary. Therefore, the request is not medically necessary.

**Physical Therapy 2 x 6 for the Low Back:** Upheld

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

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

**Decision rationale:** This patient has already had physical therapy of unknown number of sessions according to progress note on 6/11/2014. Other than slight symptomatic improvement, there is no documentation of functional improvement from previous sessions. The patient has already transitioned to home exercise program. The CA MTUS and ACOEM do not have recommendations regarding physical therapy course following an epidural steroid injection or other spine injection procedure. Therefore, the ODG is referenced, which stipulates for lumbar "Post-injection treatment" 1-2 visits of PT over 1 week. This present request is in excess of guideline recommendations. Therefore, the request for 12 additional physical therapy sessions is not medically necessary.