

<b>Case Number:</b>	CM14-0202591		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	07/10/1997
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 60 year old male with a reported industrial injury on July 10, 1997, the mechanism of the injury was not provided in the available medical records. The injured worker was seen on November 10, 2014, for follow-up visit with primary treating physician. The presenting complaints included lower back pain that affects his sleep, takes pain medication which is the only therapy he is doing for pain relief. The physical exam revealed on inspection of the lumbar spine range of motion was restricted, on palpation of the paravertebral muscles, hypertonicity and spasm noted on both sides, lumbar facet loading is positive on both sides and straight leg raising test negative and sensation decreased over bilateral lateral thighs, left upper arm on both sides. The diagnostic studies have included Magnetic resonance imaging (MRI) of lumbar spine on December 2, 2008, revealed decrease in the amount of posterior soft tissue edema, mild central stenosis at L3-4 due to dis bulging and moderate bilateral foraminal narrowing, and left paracentral HIZ at T12-L1 without stenosis. The medical treatment is pain medication, lumbar epidurals, physical therapy the injured worker has completed six of six sessions and states it decreases his pain. Diagnoses are Post lumbar Laminectomy syndrome, Lumbar Facet syndrome and Spinal stenosis lumbar. The work status at the November visit was permanent and stationary and not working. The physical therapy progress note dated August 1, 2014 states the progress is slow; the document was hand written and difficult to read the remainder of it. A Progress note dated December 22, 2014 states that a previous lumbar epidural injection reduced the patient's pain, increased mobility, and improve flexibility. The patient last injection on May 22, 2014 provided 40% relief of his lower back pain for 2-3 weeks. The note indicates that an EMG/NCS on August 19, 2013 showed "irritation to the right more than the left L5-S1 nerve root." The treatment plan states of the patient has completed 2 out of 6 approved physical therapy sessions and has found it helpful in reducing his pain. On November 18, 2014,

the provider requested Lumbar L3-L4 Epidural injection and additional physical therapy times six, on November 24, 2014, the Utilization Review non-certified, the provider's requested for Lumbar L3-L4 Epidural injection and certified additional physical therapy times two, the decision was based on the California Medical treatment utilization schedule (MTUS) guidelines.

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

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

#### **Lumbar L3-4 Epidural Injection: Upheld**

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

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

**Decision rationale:** Regarding the request for repeat Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. Furthermore, it appears that additional conservative treatment is currently being recommended. As such, the currently requested repeat lumbar epidural steroid injection is not medically necessary.

#### **6 Additional Physical Therapy Sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective

functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the most recent progress report indicates that the patient has 4 remaining sessions of therapy. It seems reasonable to proceed with the previously authorized therapy prior to requesting additional sessions. In light of the above issues, the currently requested additional physical therapy is not medically necessary.