

<b>Case Number:</b>	CM14-0207718		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	05/19/2004
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Interventional spine 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 patient is a 58 year old female with an injury date of 05/19/14. As per a neurosurgical report dated 08/28/13, the patient complains of aggravation in low back pain and left sacroiliacitis. In progress report dated 07/28/14, the patient rates her pain as 8-10/10 without medications and 4-5/10 with medications. Medications allow her to work 10 -12 hours without any restrictions. Physical examination reveals mild pain over left S1 joint with positive FABER test. Based on progress report dated 03/24/14, the patient suffers from pain in bilateral shoulders, left greater than right. Physical examination reveals tenderness in the bilateral upper trapezius region and left parascapular region along with tenderness in the left AC joint. The Hawkins test and Neer's test are positive on the left. As per progress report dated 10/31/14, the patient also suffers from chemical/acid burn in bilateral cornea along with bilateral corneal edema. The patient underwent left shoulder arthroscopic rotator cuff repair with glenohumeral and AC joint arthrosis (no date mentioned), as per progress report dated 03/24/14. The patient received trigger point injections on 09/29/14 (levels of the procedure illegible). Medications, as per progress report dated 08/28/13, include Flexeril, Norco and Lunesta. The patient has been allowed to return to full duty without restrictions, as per progress report dated 06/16/14. MRI of the Lumbar Spine, 03/02/10:- Disc degeneration at L4-5 with 1 - 2mm protrusion and annular fissure- Minimal disc bulge at L3-4- Mild degenerative facet arthrosis at L5-S1 EMG/NCV, 01/22/10:- At least mild acute radiculopathy of bilateral S1 nerve roots, left greater than right- Mild acute L5 radiculopathy on the left- Significant chronic radiculopathy of bilateral S1 nerve roots. Diagnoses, 09/29/14:- Lumbar degenerative disc disease at L5-S1- Left Sacroiliac pain- Secondary myofascial pain/spasm. The treater is requesting for (a) ADDITIONAL SIX (6) SESSIONS OF PHYSICAL THERAPY (b) L5-S1 INTERLAMINAR EPIDURAL STEROID INJECTION. The utilization

review determination being challenged is dated 12/04/14. Treatment reports were provided from 03/02/10 - 11/17/14.

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

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

**Additional six (6) sessions of physical therapy:** 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:** The patient complains of aggravation in low back pain and left sacroiliacitis, as per progress report dated 08/28/14. The request is for additional six (6) sessions of physical therapy. In progress report dated 07/28/14, the patient rates her pain as 8-10/10 without medications and 4-5/10 with medications. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In progress report dated 04/07/14, the treater requests for 18 sessions of physical therapy to treat the patient's progressive back pain that is associated with prolonged sitting. The treater also recommends "lumbar stretching to help relieve musculoskeletal spasm associated with work." In the next available progress report dated 06/16/14, the treater asks the patient to continue physical therapy. In progress report dated 07/28/14, the treater states that the patient has completed 6 sessions of physical therapy and "felt she had better sitting tolerance at work and less nighttime pain." In the same report, the treater requests for 6 additional sessions of physical therapy "for further functionality at work, less need for medication use." The request is repeated in progress report dated 09/22/14. It is not clear if this request is in addition to the 18 sessions requested in progress report dated 04/07/14 or a modified request after the six sessions mentioned in progress report dated 07/28/14. Either way, MTUS guidelines recommend only 8-10 sessions of physical therapy in non-operative patients. Additional 6 sessions will exceed that limit. Hence, this request is not medically necessary.

**L5/S1 interlaminar epidural steroid injection:** 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 ESI under chronic pain section Page(s): 46-47.

**Decision rationale:** The patient complains of aggravation in low back pain and left sacroiliacitis, as per progress report dated 08/28/14. The request is for L5-S1 Interlaminar Epidural Steroid Injection. In progress report dated 07/28/14, the patient rates her pain as 8-10/10 without medications and 4-5/10 with medications. The MTUS Guidelines has the following regarding

ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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, with a general recommendation of no more than 4 blocks per region per year." In progress report dated 09/29/14, the patient complains of low back pain that radiates to the left hip and buttocks. An EMG/NCV report dated 01/22/10 revealed L5 radiculopathy on the left and significant chronic radiculopathy of bilateral S1 nerve roots. In progress report dated 12/02/13, the treater states that the patient received L5-S1 interlaminar epidural steroid injection in April/May 2013 which led to "approximately six months of near complete pain relief." The treater, therefore, requests for a repeat injection. In progress report dated 04/07/14, the treater states that the patient "most recently underwent an L5-S1 and left sacroiliac injection with me under fluoroscopic guidance," which is helping her feel better. It would appear that the patient had both an ESI and an SI joint injection at the same time. In progress report dated 08/28/14, the treater reiterates that the patient benefited from a prior ESI but does not mention the date of the previous injection. In this case, while the patient has a confirmed diagnosis of radiculopathy per EMG, the treater does not adequately document the patient's response from prior injections. MTUS is clear that not only pain reduction by 50% lasting 6-8 weeks, but functional improvement AND medication reduction must be documented for a repeat injection. The request is not medically necessary.