

<b>Case Number:</b>	CM15-0005295		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old female, who sustained an industrial injury on July 9, 2012. She has reported back pain. The diagnoses have included lumbar herniated disc, thoracic outlet syndrome, and lumbar sensory dysfunction with denervation. Treatment to date has included magnetic resonance imaging (MRI), electromyogram, epidural cortisone injection and oral medications. Currently, the IW complains of back pain. Treatment includes lumbar cortisone block, decompression of thoracic outlet syndrome and oral medications. On December 11, 2014 utilization review non-certified a request for 2nd lumbar epidural injection under fluoroscopy, L5-S1 and physical therapy 2 x 24 weeks to the right upper extremity, noting the lack of positive response from previous injection and that the injured worker should be self-directed for therapy. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 9, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2nd lumbar epidural injection under fluoroscopy, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), [www.odg-twc.com](http://www.odg-twc.com); Section: Low Back-Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic'

**Decision rationale:** The 51 year old patient presents with low back that radiates to right leg and thigh, as per progress report dated 12/02/14. The request is for 2ND LUMBAR EPIDURAL INJECTION UNDER FLUOROSCOPY L5-S1. The RFA for the request is dated 12/03/14, and the patient's date of injury is 07/09/12. The patient is status post right rib resection for severe right thoracic outlet syndrome on 07/22/14. Diagnoses, as per progress report dated 10/23/14, includes far lateral right foraminal L5-S1 disc protrusion, worsening back pain radiating down the right leg with neurological progression, moderate right L5 sensory dysfunction with acute L1+4 denervation of the lumbar paraspinal muscles. An EMG/NCV study dated 10/23/14 and an MRI of the lumbar spine dated 05/01/14 endorse this diagnoses. The patient is totally disabled, as per progress report dated 12/02/14. 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." ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that, At the time of initial use of an ESI (formally referred to as the ?diagnostic phase as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. In this case, the patient has been diagnosed with lumbar radiculopathy and corroborating imaging and electrodiagnostic studies have been provided to support this diagnoses. The patient has received a lumbar ESI on 05/29/14. As per progress report dated 07/01/14, the patient received 50% pain relief after the first epidural cortisone injection. The patient received another lumbar ESI on 11/20/14, as per the operative report. In progress report dated 12/02/14, the treater states that, She feels 20% improved. There is less radiating pain down the right leg and thigh. In the same report, the treater further states that, She still has significant sciatica although improved. A 3rd and final epidural is requested. However, as per RFA dated 12/03/14, the request is for 2nd lumbar epidural injection. It is, therefore, being assumed that the current request is retrospective one for the 11/20/14 ESI. Nonetheless, the treater documents only 50% pain relief from the first injection and 20% from the second one. MTUS requires

documentation of at least 50% pain relief, functional improvement, and reduction in medication use for six to eight weeks for repeat ESIs. The progress reports lack the information required to make a determination based on MTUS. Hence, the request IS NOT medically necessary.

**Physical therapy 2 x 24 weeks to the right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), [www.clinicalevidence.com](http://www.clinicalevidence.com); Section: Low Back-Lumbar & Thoracic (Acute & Chronic); Clinical Evidence; BMJ Publishing Group, Ltd.: London, England; [www.clinicalevidence.com](http://www.clinicalevidence.com); Section Musculoskeletal Disorders; Condition: Neck Pain

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** The 51 year old patient presents with low back that radiates to right leg and thigh, as per progress report dated 12/02/14. The request is for PHYSICAL THERAPY 2 X 24 WEEKS TO THE RIGHT UPPER EXTREMITY. There is no RFA for this request, and the patient's date of injury is 07/09/12. The patient is status post right rib resection for severe right thoracic outlet syndrome on 07/22/14. Diagnoses, as per progress report dated 10/23/14, includes far lateral right foraminal L5-S1 disc protrusion, worsening back pain radiating down the right leg with neurological progression, moderate right L5 sensory dysfunction with acute L1+4 denervation of the lumbar paraspinal muscles. An EMG/NCV study dated 10/23/14 and an MRI of the lumbar spine dated 05/01/14 endorse this diagnoses. The patient is totally disabled, as per progress report dated 12/02/14. For Brachial plexus lesions (Thoracic outlet syndrome), MTUS guidelines pages 26 -27, recommend 20 visits over 10 weeks. The postsurgical physical medicine treatment period is 6 months. In this case, the patient is status post right rib resection for severe right thoracic outlet syndrome on 07/22/14. In progress report dated 08/28/14, the treater states that the patient was authorized for physical therapy but was unable to drive to the location due to the surgery. The treater requested the physical therapy at a nearby location. In the latest progress report dated 12/02/14, the treater states that the patient's surgeon has requested for 24 sessions of post-operative physical therapy. She needs to begin strengthening in order to return to work the treater says. However, there is no RFA for this case, and the UR letter states that the request is for 48 sessions. There is no evidence to contradict the UR contention. MTUS only allows for 20 sessions of physical therapy in post-operative patients with thoracic outlet syndrome. Hence, the current request of 48 sessions appears excessive and IS NOT medically necessary.