

<b>Case Number:</b>	CM15-0007164		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	02/07/2012
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 40 year old male injured worker suffered and industrial injury on 2/7/2012. The diagnoses were sprain lumbar region, bilateral sciatica, and lumbar herniated disc with radiculopathy. The diagnostic was lumbar magnetic resonance imaging. The treatments were lumbar spine epidural steroid injections, medications, physical therapy, acupuncture and electromyography. The treating provider reported positive straight leg raise, impaired gait, along with limited range of motion with tenderness over the lumbar spine. The injured worker reported severe pain that occur constantly that is deep with radiation to the bilateral lower extremities. The Utilization Review Determination on 12/23/2014 non-certified: 1. Bilateral lumbar transforaminal epidural steroid injections, citing MTUS Chronic Pain Treatment Guidelines, Epidural Steroid Injections 2. Physical therapy 12 sessions, citing MTUS Chronic Pain Treatment Guidelines, Physical Therapy, Lumbar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4/L5 and L5/S1 transforaminal epidural injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 45.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Criteria for the use of Epidural steroid injections, p.

**Decision rationale:** The claimant was seen by the requesting provider on 08/26/14. There had been a 70% pain relief lasting 3-4 months after two epidural injections with the last injection done in July and August 2014. The claimant is more than 3 years status post work-related injury and continues to be treated for chronic low back pain with radicular symptoms due to a disc herniation. Prior treatments have included epidural steroid injections. Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the requested epidural injection is within applicable guidelines and therefore medically necessary.

**12 physical therapy sessions to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures and Physical Medicine Page(s): 48.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for chronic low back pain with radicular symptoms due to a disc herniation. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.