

<b>Case Number:</b>	CM15-0143848		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	10/12/1998
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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 57 year old female, who sustained an industrial injury on 10-12-1998. The mechanism of injury was not noted. The injured worker was diagnosed as having sciatica, displaced lumbar intervertebral disc, lumbago, and other chronic pain. Treatment to date has included diagnostics, lumbar spinal surgery, and medications. Currently, the injured worker complains of ongoing back pain with radiation down the bilateral legs, causing numbness in the toes. Medications included Morphine Sulfate, Neurontin, Ambien, Topiramate, and Simvastatin. Pain was rated 7 out of 10. Exam noted decreased lumbar range of motion, decreased strength and sensation (unspecified) to both legs (right greater than left), and an antalgic gait using a cane. The treatment plan included L2-4 epidural spinal facet injections and post-operative physical therapy for the lumbar spine, 3x3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Spinal Facet Injections, Lumbar L2-L4 (low back), outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Disorders, Physical Methods, Facet Injections, page 300, Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support repeating the epidural injections. Despite having undergone previous injections, the patient continues with unchanged symptom severity, unchanged clinical findings without decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic injury without evidence of functional improvement from previous LESI. Criteria for repeating the epidurals have not been met or established. Additionally, per Guidelines, medial branch/facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit radicular symptoms as in this injured worker with leg pain complaints, diagnosis of radiculopathy s/p injections. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results. Facet blocks are not recommended without defined imaging correlation, over 2 joint levels concurrently, or at previous surgical fusion sites as in this case. Submitted reports have not demonstrated support outside guidelines criteria to support for concurrent epidural and facet injections causing diagnostic confusion and in identifying correct pain generator. The Epidural Spinal Facet Injections, Lumbar L2-L4 (low back), outpatient is not medically necessary and appropriate.

**Post operative Physical Therapy, Lumbar spine (low back), 3 times wkly for 3 wks, 9 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** It is unclear how many PT sessions have been completed; however, the submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization nor have there been a change in neurological compromise or red-flag findings demonstrated from the formal physical therapy already rendered to support further treatment. As the Epidural Spinal Facet Injections, Lumbar L2-L4 (low back), outpatient is not medically necessary and appropriate; thereby, the Post operative Physical Therapy, Lumbar spine (low back), 3 times wkly for 3 wks, 9 sessions is not medically necessary and appropriate.