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| <b>Case Number:</b>   | CM15-0162115 |                              |            |
| <b>Date Assigned:</b> | 08/28/2015   | <b>Date of Injury:</b>       | 09/11/2012 |
| <b>Decision Date:</b> | 10/05/2015   | <b>UR Denial Date:</b>       | 08/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/18/2015 |

### 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, Hawaii

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:

This 61 year old sustained an industrial injury to the low back on 9-11-12. Previous treatment included physical therapy, pool therapy, one epidural steroid injection (October 2014) and medications. Documentation did not disclose the number of previous therapy sessions. In a progress note dated 7-23-15, the injured worker complained of low back pain, rated 4 out of 10 on the visual analog scale. The physician noted that magnetic resonance imaging lumbar spine (undated) showed a herniated disc at L4-5 and degenerative disc disease. The injured worker had undergone a neurosurgery evaluation who determined that the injured worker was not a surgical candidate and recommended epidural steroid injections and pool therapy. Physical exam was remarkable for decreased range of motion to the lumbar spine with negative bilateral straight leg raise and no tenderness to palpation. The injured worker had difficulty with ambulation, getting on and off the exam table and rising from the chair. Current diagnoses included lumbar spine degenerative disc disease, lumbar spine herniated nucleus pulposus and lumbar spine radiculopathy. The physician noted that the injured worker did not get significant benefit from previous epidural steroid injections but wanted to try another. The treatment plan included requesting authorization for lumbar epidural steroid injections and aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Aquatic/Pool therapy for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine guidelines Page(s): 22, 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy Page(s): 98-99.

**Decision rationale:** The patient presents with lumbar spine pain with weakness in the left leg. The patient is obese. The current request is for Aquatic/ Pool therapy for the lumbar spine. The treating physician's report dated 07/23/2015 (48B) does not discuss a rationale for the request. No aquatic therapy reports were provided for review. However, the UR letter dated 08/06/2015 (3A) notes that the patient has received a total of 23 pool therapy sessions recently. The MTUS Guidelines page 22 recommends aqua therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. In this case, the patient has recently received 23 aquatic therapy sessions with no reports of benefit. Furthermore, the current request does not specify the number of sessions and duration. The current request is not medically necessary.

### **Lumbar epidural steroid injection at L3-4: Upheld**

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

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

**Decision rationale:** The patient presents with lumbar spine pain with weakness in the left leg. The patient is obese. The current request is for Lumbar ESI at L3-4. The treating physician's report dated 07/23/2015 (48B) states, "Had an epidural injection several months ago without significant benefit." The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. Repeat block should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The MRI of the Lumbar Spine dated 03/18/2014 (95B) notes, "There is left foraminal and far lateral recess disc protrusion at L3-L4 which causes mild mass effect on the exiting left L3 nerve root. There is contact of the bilateral exiting L4 nerve roots." The 07/23/2015 progress report states that the patient's previous ESI (date unknown) did not provide any significant benefit. In this case, the patient does not meet the required criteria for a repeat block based on the MTUS Guidelines for ESI. The current request is not medically necessary.