

<b>Case Number:</b>	CM15-0163168		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	06/04/2015
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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, 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 injured worker is a 55 year old male, who sustained an industrial injury on 6-04-2015. He reported back pain after lifting an inflatable hot tub, initially diagnosed with acute low back pain. He had a history of L5-S1 microdiscectomy in 2010. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included diagnostics and medications. Currently, the injured worker complains of low back and right lower extremity pain, ranging in intensity from 5-10 out of 10. He was currently taking Motrin. Exam of the lumbar spine noted decreased range of motion and tenderness to palpation over the L4-5 and L5-S1 interspace. Negative straight leg raise test was noted bilaterally, though straight leg raise testing on the right aggravated low back pain. Strength was rated 5 of 5 and sensation testing was abnormal on the right. The treatment plan included a fluoroscopically guided right L5 transforaminal epidural steroid injection and unspecified physical therapy following the injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One fluoroscopically guided right L5 transforaminal 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 Epidural Steroid Injection Page(s): 46 of 127.

**Decision rationale:** Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, the provider notes that the patient has not had any physical therapy since his recent injury and, as ESI is supported only after failure of conservative treatment, there is no clear indication for ESI at this time. In light of the above issues, the currently requested epidural steroid injection is not medically necessary.

**Unknown physical therapy sessions following right L5 transforaminal epidural steroid injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic): Physical Therapy (PT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46 of 127.

**Decision rationale:** Regarding the request for physical therapy following epidural steroid injection, it is noted that the ESI has been determined to be not medically necessary. As such, there is no indication for PT. Therefore, the currently requested physical therapy following epidural steroid injection is not medically necessary.