

<b>Case Number:</b>	CM15-0180120		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	01/15/2014
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 15, 2014. In a Utilization Review report dated August 18, 2015, the claims administrator failed to approve requests for a lumbar epidural steroid injection with an associated facet injection, 12 sessions of physical therapy, and Ultracet. The claims administrator referenced an RFA form received on August 11, 2015 in its determination. The claims administrator contended that the applicant had had a prior epidural steroid injection with profit. The applicant's attorney subsequently appealed. Electrodiagnostic testing of bilateral lower extremities dated July 9, 2015 was notable for the absence of neuropathy or radiculopathy, while MRI imaging of the lumbar spine dated July 16, 2015 was notable for a disk-osteophyte complex contacting the bilateral L5 nerve roots. On August 6, 2015, the applicant reported ongoing complaints of low back pain, unchanged. The applicant was on Soma for pain relief, it was reported. The applicant was described as having right lower extremity radicular pain complaints. The applicant was placed off of work, on total temporary disability while a repeat epidural steroid injection was sought. The attending provider acknowledged that the applicant had had at least one prior epidural steroid injection. On an earlier note dated March 26, 2015, the applicant was described as having unchanged complaints of low back pain. The applicant was on Soma and Motrin. The applicant was given an extremely proscriptive 2-pound lifting limitation. It did not appear that the applicant was working with said limitation in place.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lumbar epidural steroid injection L4-S1 with facet injection #2: 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 Chapter.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** No, the request for a lumbar epidural steroid injection with an associated facet injection was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, facet injections, i.e., one of the articles requested, are deemed "not recommended" in the low back pain context present here. The attending provider's August 6, 2015 progress note, did not, furthermore, clearly state why facet joint injection therapy was sought in the face of the applicant's having a primary operating diagnosis of lumbar radiculopathy. The request in question was also framed as a request for a repeat epidural steroid injection. However, page 46 of the MTUS Chronic Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesic and functional improvement with earlier blocks. Here, however, the applicant remained off of work, on total temporary disability, it was reported on the August 6, 2015 office visit at issue. The applicant's work status and work restrictions were seemingly trending unfavorably, moreover. The applicant was given a 2-pound lifting limitation on a March 26, 2015 progress note. The applicant remained dependent on analgesic medication to include Motrin and Soma, it was reported on August 6, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of at least one prior lumbar epidural steroid injection. Therefore, the request for a repeat epidural steroid injection was not medically necessary.

### **Post-operative physical therapy 3 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

**Decision rationale:** Similarly, the request for 12 sessions of physical therapy was likewise not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment at issue, in and of itself, represents treatment in excess of the 8- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, i.e., the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment further stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however,

the applicant remained off of work, on total temporary disability, it was reported on August 6, 2015 office visit at issue. The applicant remained dependent on analgesic medications to include Motrin and Soma. It did not appear that receipt of earlier unspecified amounts of physical therapy had proven particularly beneficial here. Therefore, the request for an additional 12 sessions of physical therapy was not medically necessary.

**Post-operative medication: Ultracet 37.5/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

**Decision rationale:** Finally, the request for Ultracet, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should be "knowledgeable" regarding prescribing information. Here, however, the attending provider seemingly endorsed Ultracet via an RFA form dated August 11, 2015, without any supporting rationale or commentary. It was not clearly stated or clearly established whether the request for Ultracet represented a first-time request or renewal request. It did not appear, thus, that the attending provider had proven particularly knowledgeable insofar as the prescription for Ultracet was concerned as this was not discussed or detailed on the August 6, 2015 office visit at issue. Therefore, the request was not medically necessary.