

<b>Case Number:</b>	CM15-0194299		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	10/22/2014
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: Arizona, Texas

Certification(s)/Specialty: Internal 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 injured worker is a 46 year old male, who sustained an industrial injury on 10-22-2014. The medical records indicate that the injured worker is undergoing treatment for lumbar spine sprain-strain with radicular complaints. According to the progress report dated 8-20-2015, the injured worker presented with complaints of constant, moderate, throbbing low back pain with radiation down the right buttocks to the lateral right thigh and knee, associated with numbness and tingling. The level of pain is not rated. The physical examination of the lumbosacral spine reveals increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoracolumbar junction and over the level of L5-S1 facets and right greater sciatic notch. There is muscle spasms noted. Positive straight leg raising test at 40 degrees bilaterally. The medications prescribed are Nabumetone and Omeprazole. Previous diagnostic studies include x-rays and MRI of the lumbar spine. The treating physician described the MRI as "evidence of multilevel disc bulges and facet hypertrophy at L3-4 and L4-5". Treatments to date include medication management, 8 physical therapy sessions (temporary relief), and 1 acupuncture session (exacerbated his condition). Work status is described as "may continue to work with restrictions". On 8-31-2015, the RFA requested lumbar epidural steroid injection, NCV-EMG of the lower extremities, and physical therapy. The original utilization review (9-4-2015) had non-certified a request for 8 physical therapy sessions and lumbar epidural steroid injection at L5-S1 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 lumbar epidural steroid injection at L5-S1 level: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Criteria for the use of ESI is 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDS, and muscle relaxants). Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. 5) No more than two nerve root levels should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. In this case the patient has a normal neurological exam. There is not a demonstrated radiculopathy on exam, therefore the criteria are not medically necessary.

## **8 physical therapy sessions: Upheld**

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

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

**Decision rationale:** According to the MTUS, passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case the patient has had PT previously and should be able to participate in a home exercise program. The additional PT sessions are not medically necessary.