

<b>Case Number:</b>	CM15-0197663		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	04/16/2015
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### 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 28 year old male, who sustained an industrial injury on 4-16-2015. The injured worker is undergoing treatment for lumbago, lumbar spine pain, lumbar spine degenerative disc disease. On 9-9-15, reported intermittent low back pain with no radiation. He indicated he had occasional anterior left thigh tingling. He reported having a history of back problems of scoliosis, degenerative disc disease, and pain, which is noted to pre-date his employer and is reported to have been in notes from the primary care physician. Physical examination revealed a normal gait and posture, slow forward flexion with pain noted at end range, no muscle guarding is noted, tenderness in the L3-L5 muscle area, no gluteal or sciatic notch tenderness, negative straight leg raise testing. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the lumbar spine (4-25-15) reported to have revealed degenerative disc disease at L5-S1 and L3-L4, no significant central canal or neural foraminal lateral compression or stenosis; medications. Medications have included Meloxicam, diazepam, Flexeril, Tylenol with codeine. Current work status: modified duty. The request for authorization is for physical therapy 2 times a week for 3 weeks and L5-S1 epidural steroid injection. The UR dated 9-8-2015: non-certified the request for physical therapy 2 times a week for 3 weeks and L5-S1 epidural steroid injection.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **Physical therapy 2 times a week for 3 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment, Initial Care, Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified: 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS): 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The claimant has already undergone at least 60 sessions of therapy. Consequently, additional 6 therapy sessions are not medically necessary.

### **L5-S1 epidural steroid injection: 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 Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** According to the MTUS guidelines, ESI are recommended for those with radiculopathy on exam and imaging. In this case, the claimant's prior MRI shows no cord involvement. The ACOEM guidelines do not recommend ESI due to their short-term benefit. Although the claimant has a straight leg raise testing, the ESI is not medically necessary.