

<b>Case Number:</b>	CM15-0202748		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	11/18/2009
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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, Indiana, New York  
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 50 year old male, who sustained an industrial injury on 11-18-09. The injured worker is diagnosed with lumbar disc displacement without myelopathy, lumbago, skin sensation disturbance and thoracic-lumbosacral neuritis-radiculitis (unspecified). The injured worker is permanently disabled. A note dated 9-10-15 reveals the injured worker presented with complaints of low back pain that radiates down his left leg. Physical examination of the lumbar spine dated 9-1-15 and 9-10-15 revealed decreased lumbar lordosis, decreased flexion and extension, tenderness to palpation at the L4-L5 and L5-S1 paraspinals and spasms. There is decreased sensation to light touch and decreased reflexes (left greater than right). Treatment to date has included lumbar epidural provided 6-8 months of pain relief, per note dated 9-10-15; post bilateral discectomy and medications. A request for authorization dated 9-18-15 for transforaminal lumbar epidural at L4 and-or L5 or S1, physical therapy 2x3 (location not noted) and psychologist 6 sessions is denied, per Utilization Review letter dated 9-28-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural lumbar - Transforaminal epidural at levels L4 and/or L5 or S1: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections (ESIs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Epidural lumbar - Transforaminal epidural at levels L4 and/or L5 or S1 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks. etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are status post left epidural done at L4- L5 on the left September 2014 with 6-8 months relief; chronic low back pain; and status post bilateral discectomy. Date of injury is November 18, 2009. Request for authorization is September 18, 2015. Medical record contains 44 pages. According to a September 10, 2015 progress note, subjective complaints include low back pain that radiates to the left lower extremity. The injured worker has a history of falls. A Toradol injection was provided that resulted in the release. Objectively, there is tenderness to palpation at the L4- S1 paraspinal muscles. There is spasm noted. Sensation is decreased in the L5 dermatome. As noted above, a lumbar epidural steroid injection was provided on September 2014. The duration of pain relief was 6 to 8 months; however there was no percentage improvement. There was no documentation demonstrating objective functional improvement with the prior ESI. There are no physical therapy progress notes in the medical record. There is no documentation indicating the total number of physical therapy sessions to date. The treatment plan states the physiatrist directed a home exercise program. There is no request, clinical discussion, indication or rationale for additional physical therapy. There is no documentation of anxiety or depression. There is no screening psychological evaluation. There is no clinical indication or rationale for a psychology consultation or evaluation. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with percentage relief from the prior epidural steroid injection, no documentation demonstrating objective functional improvement from the prior injection and no magnetic resonance imaging scan or electrodiagnostic studies demonstrating compressive anatomy, Epidural lumbar - Transforaminal epidural at levels L4 and/or L5 or S1 is not medically necessary.

**Physical therapy 2 x 3 (6) location and duration not noted:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times three weeks (six visits) location and duration not noted is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post left epidural done at L4- L5 on the left September 2014 with 6-8 months relief; chronic low back pain; and status post bilateral discectomy. Date of injury is November 18, 2009. Request for authorization is September 18, 2015. Medical record contains 44 pages. According to a September 10, 2015 progress note, subjective complaints include low back pain that radiates to the left lower extremity. The injured worker has a history of falls. A Toradol injection was provided that resulted in the release. Objectively, there is tenderness to palpation at the L4 -S1 paraspinal muscles. There is spasm noted. Sensation is decreased in the L5 dermatome. As noted above, a lumbar epidural steroid injection was provided on September 2014. The duration of pain relief was 6 to 8 months; however there was no percentage improvement. There was no documentation demonstrating objective functional improvement with the prior ESI. There are no physical therapy progress notes in the medical record. There is no documentation indicating the total number of physical therapy sessions to date. The treatment plan states the physiatrist directed a home exercise program. There is no request, clinical discussion, indication or rationale for additional physical therapy. There is no documentation of anxiety or depression. There is no screening psychological evaluation. There is no clinical indication or rationale for a psychology consultation or evaluation. Based on the clinical information in the medical record, peer-reviewed evidence- based guidelines, no prior physical therapy progress notes, no documentation demonstrating objective functional improvement from prior physical therapy, no request in the treatment plan for additional physical therapy and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, physical therapy two times per week times three weeks (six visits) location and duration not noted is not medically necessary.

**Psychologist - Depression or other psychological issues, 6 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** Pursuant to the ACOEM, psychologist -depression or other psychological issue, six sessions is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need

for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are status post left epidural done at L4 -L5 on the left September 2014 with 6- 8 months relief; chronic low back pain; and status post bilateral discectomy. Date of injury is November 18, 2009. Request for authorization is September 18, 2015. Medical record contains 44 pages. According to a September 10, 2015 progress note, subjective complaints include low back pain that radiates to the left lower extremity. The injured worker has a history of falls. A Toradol injection was provided that resulted in the release. Objectively, there is tenderness to palpation at the L4 -S1 paraspinal muscles. There is spasm noted. Sensation is decreased in the L5 dermatome. As noted above, a lumbar epidural steroid injection was provided on September 2014. The duration of pain relief was 6 to 8 months; however there was no percentage improvement. There was no documentation demonstrating objective functional improvement with the prior ESI. There are no physical therapy progress notes in the medical record. There is no documentation indicating the total number of physical therapy sessions to date. The treatment plan states the physiatrist directed a home exercise program. There is no request, clinical discussion, indication or rationale for additional physical therapy. There is no documentation of anxiety or depression. There is no screening psychological evaluation. There is no clinical indication or rationale for a psychology consultation or evaluation. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the injured worker suffered with anxiety or depression or some other psychological illness and no clinical indication for rationale for a psychology consultation or evaluation, psychologist -depression or other psychological issue, six sessions is not medically necessary.