

<b>Case Number:</b>	CM15-0206734		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	02/05/2015
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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

### 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 40 year old male, who sustained an industrial injury on 2-5-15. He reported low back pain. The injured worker was diagnosed as having right S1 radiculopathy. Treatment to date has included epidural steroid injections, TENS, use of a cane, use of a lumbar support, and at least 10 physical therapy sessions. Physical exam findings on 9-16-15 included full and symmetric motor strength in the major motor groups of the upper and right lower extremities. Sensation was intact in the upper and lower extremities. Left plantar flexion was noted to be 4 of 5. The most recent physical therapy progress report was dated 8-25-15 and noted "no significant progress with physical therapy program." On 9-16-15 x-ray were noted to have revealed "minimal L5-S1 disc herniation." A lumbosacral epidural steroid injection done by caudal approach was performed on 9-3-15. On 9-16-15, the injured worker complained of low back pain and bilateral lower extremity pain left greater than right rated as 7-8 of 10. Paresthesias in the S1 level on the left and weakness was noted. The treating physician requested authorization for lumbar epidural steroid injections, caudal approach x2 and physical therapy 3x2. On 9-25-15 the requests were non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection, Caudal Approach (#2): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Epidural steroid injections.

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

**Decision rationale:** Based on the 9/16/15 progress report provided by the treating physician, this patient presents with low back pain, bilateral lower extremity pain left > right, with paresthesias/weakness on left side, rated 7-8/10. The treater has asked for LUMBAR EPIDURAL STEROID INJECTION, CAUDAL APPROACH (#2) on 9/16/15. The request for authorization was not included in provided reports. The patient is s/p lumbar epidural steroid injection which did not have an impact on his symptoms per 9/16/15 report. The patient is walking with a cane and using a TENS unit at home per 9/16/15 report. The patient is currently getting active physical therapy, about 10 sessions, and his pain level has improved since the last visit per 9/16/15 report. The patient has been depressed because of the pain and inability to work per 7/29/15 report. The patient is currently temporarily totally disabled per 9/16/15 report. MTUS Guidelines, Epidural Steroid Injections section, page 46: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." 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. The treater states his hope for the patient to "heal completely with assertive early non-operative intervention" another ESI [is] a part of this attempt per requesting 9/16/15 report. The patient had a prior epidural steroid injection on 9/3/15 which was not effective per 9/16/15 report. Lumbar MRI dated 6/4/15 shows straightening of the lumbar lordosis, disc desiccation and 1mm disc bulge at L5-S1. Utilization review letter dated 9/25/15 denies request as the prior injection did not result in pain relief or functional improvement. In this case, MTUS guidelines state that there must be documentation of at least 50% pain relief and reduction of medication use for 6-8 weeks in order to substantiate a follow-up epidural steroid injection. As the patient did not have receive benefit from the first injection, the current request for a repeat epidural steroid injection is not indicated per MTUS guidelines. Therefore, the request IS NOT medically necessary.

**Physical Therapy 3 x 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Physical Medicine.

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

**Decision rationale:** Based on the 9/16/15 progress report provided by the treating physician, this patient presents with low back pain, bilateral lower extremity pain left > right, with paresthesias/weakness on left side, rated 7-8/10. The treater has asked for PHYSICAL THERAPY 3 X 2 on 9/16/15. The request for authorization was not included in provided reports. The patient is s/p lumbar epidural steroid injection which did not have an impact on his symptoms per 9/16/15 report. The patient is walking with a cane and using a TENS unit at home per 9/16/15 report. The patient is currently getting active physical therapy, about 10 sessions, and his pain level has improved since the last visit per 9/16/15 report. The patient has been depressed because of the pain and inability to work per 7/29/15 report. The patient is currently temporarily totally disabled per 9/16/15 report. MTUS Guidelines, Physical Medicine section, pages 98 and 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, the patient has had 10 physical therapy sessions with unspecified benefit per 9/16/15 report. The therapy sessions were dated between 7/15/15 and 8/7/15 per review of physical therapy reports. The treater states his hope for the patient to "heal completely with assertive early non-operative intervention additional physiotherapy with manipulation [is] a part of this attempt" per requesting 9/16/15 report. However, MTUS only allows for 8-10 sessions in non-operative cases. In conjunction with prior 10 sessions, the current request for an additional 6 physical therapy sessions exceeds guideline recommendations. Hence, the request IS NOT medically necessary.