

<b>Case Number:</b>	CM15-0026247		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	05/12/2004
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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 61-year-old male, who sustained an industrial injury on 5/12/04. The injured worker has complaints of moderate-to-severe intermittent daily pain in his lower back that at times radiates slightly higher into the thoracic region and has numbness in his feet. The documentation noted that he finds aquatic therapy very helpful and has increased his range of motion. The diagnoses have included multilevel lumbar facet arthritis; lumbar spondylosis; lumbar L4-5, L5-S1 disc bulging and lumbar radiculitis. According to the utilization review performed on 1/15/15, the requested Aquatic therapy 2 x 6 and Intralaminar epidural steroid injection at L4-5, with local anesthetic valium 5mg has been non-certified. California Medical Treatment Utilization Schedule (MTUS) guidelines were used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 2 x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine Page(s): 22, 98-99.

**Decision rationale:** The 61-year-old patient presents with back pain and feet numbness, as per progress report dated 01/05/15. The request is for AQUATIC THERAPY 2 X 6. The RFA for this case is dated 01/07/15, and the patient's date of injury 05/12/04. Diagnoses, as per progress report dated 01/05/15, included multilevel lumbar facet arthritis, lumbar spondylosis, severe lumbar myofascial spasms, lumbar L4-5, L5-S1 disc bulging, and lumbar radiculitis. The patient is temporarily totally disabled, as per the same progress report. MTUS page 22 has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient suffers from low back pain and has already undergone unknown number of aquatic therapy sessions which were "very helpful." It also helps improve his range of motion, as per progress report dated 01/05/15. It has been "extremely helpful for his mobility and flexibility and has been documented to help him with his ability to complete daily activities" as per the report. The treater is requesting for additional sessions of aquatic therapy. However, there is no diagnosis of obesity or any other physical condition that is preventing the patient from undergoing land-based therapy. Additionally, MTUS only allows for 8-10 sessions. The treater's request for 6 additional sessions is excessive and IS NOT medically necessary.

**Intralaminar epidural steroid injection at L4-5, with local anesthetic valium 5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic'.

**Decision rationale:** The 61-year-old patient presents with back pain and feet numbness, as per progress report dated 01/05/15. The request is for INTRALAMINAR EPIDURAL STEROID INJECTION AT L4-5 WITH LOCAL ANESTHETIC WITH LOCAL ANESTHETIC VALIUM 5 mg. The RFA for this case is dated 01/07/15, and the patient's date of injury 05/12/04. Diagnoses, as per progress report dated 01/05/15, included multilevel lumbar facet arthritis, lumbar spondylosis, severe lumbar myofascial spasms, lumbar L4-5, L5-S1 disc bulging, and lumbar radiculitis. The patient is temporarily totally disabled, as per the same progress report. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG guidelines, chapter 'Low Back Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that "At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections." In this case, the patient suffers from lower back pain that radiates slightly to the thoracic region but not to the lower extremities. Diagnoses include lumbar radiculitis. The patient also had "several-month history of new onset paraesthesia in both feet." While the patient may be eligible for lumbar ESI due to radicular symptoms, the treater does not provide imaging studies to support the clinical findings. Hence, the request IS NOT medically necessary.