MAXIMUS Federal Services

| Case Number: | CM15-0210443 | | |
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| Date Assigned: | 10/29/2015 | Date of Injury: | 10/23/2012 |
| Decision Date: | 12/10/2015 | UR Denial Date: | 10/08/2015 |
| Priority: | Standard | Application Received: | 10/26/2015 |

## 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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

## 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 71 year old male, who sustained an industrial injury on 10-23-2012. Diagnoses include status post injury to lumbar spine with degenerative acquired spinal stenosis with residual left L4 radiculopathy and lumbar scoliosis. Treatments to date include activity modification, anti-inflammatory and NSAID, and physical therapy to shoulder post-operatively.On 8-17-15, he complained of "recurrent and progressive lumbosacral spine pain associated with left leg pain and functional weakness." The record documented evaluation of lumbar spine by MRI revealed spinal stenosis throughout lumbar spine, a large right paracentral disc herniation, and L4-L5 level noted to show "severe acquired spinal stenosis secondary to hypertrophic facet arthropathy and bilateral neural foraminal stenosis." The physical examination documented lumbar tenderness with muscle spasm and severe restriction in range of motion. There was atrophy and weakness noted in left lower extremity. There was hypethesia to light touch noted over the left thigh. The plan of care included a lumbar epidural and left L4 selective nerve root block "to improve left leg pain and improve functional endurance." The appeal requested authorization for one epidural steroid injection at L3-L4 and one left selective nerve root block at L4 and sixteen (16) aquatic therapy sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) epidural steroid injection at L3-4:** Overturned

**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:** The claimant sustained a work injury in October 2012 when he fell from a tractor. He sustained a Grade III shoulder separation and underwent surgery. An MRI of the lumbar spine in June 2014 included findings of severe multilevel foraminal and canal stenosis with severe left sided findings at L3/4 and severe findings bilaterally at L4/5. When seen, he had recurrent and progressive lumbosacral and left lower extremity pain. He was having left lower extremity weakness interfering with activities of daily living including walking. Physical examination findings included appearing uncomfortable and unweighting the lumbar spine when sitting. There was lumbar tenderness and spasticity with severely restricted range of motion. There was progressive left lower extremity atrophy. He had left lower extremity hypesthesia. There was a wide based gait. An epidural steroid injection was requested and surgery was being considered. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased lower extremity strength and sensation with progressive muscle atrophy. Surgery is being considered. The levels being requested correlate with the findings by imaging and with the symptoms and physical examination findings. The request is medically necessary.

**One (1) left selective root block at L4:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The claimant sustained a work injury in October 2012 when he fell from a tractor. He sustained a Grade III shoulder separation and underwent surgery. An MRI of the lumbar spine in June 2014 included findings of severe multilevel foraminal and canal stenosis with severe left sided findings at L3/4 and severe findings bilaterally at L4/5. When seen, he had recurrent and progressive lumbosacral and left lower extremity pain. He was having left lower extremity weakness interfering with activities of daily living including walking. Physical examination findings included appearing uncomfortable and unweighting the lumbar spine when sitting. There was lumbar tenderness and spasticity with severely restricted range of motion. There was progressive left lower extremity atrophy. He had left lower extremity hypesthesia. There was a wide based gait. An epidural steroid injection was requested and surgery was being considered. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.

In this case, the claimant's provider documents decreased lower extremity strength and sensation with progressive muscle atrophy. Surgery is being considered. The levels being requested correlate with the findings by imaging and with the symptoms and physical examination findings. The request is medically necessary.

**Sixteen (16) aquatic therapy sessions:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

**Decision rationale:** The claimant sustained a work injury in October 2012 when he fell from a tractor. He sustained a Grade III shoulder separation and underwent surgery. An MRI of the lumbar spine in June 2014 included findings of severe multilevel foraminal and canal stenosis with severe left sided findings at L3/4 and severe findings bilaterally at L4/5. When seen, he had recurrent and progressive lumbosacral and left lower extremity pain. He was having left lower extremity weakness interfering with activities of daily living including walking. Physical examination findings included appearing uncomfortable and unweighting the lumbar spine when sitting. There was lumbar tenderness and spasticity with severely restricted range of motion. There was progressive left lower extremity atrophy. He had left lower extremity hypesthesia. There was a wide based gait. An epidural steroid injection was requested and surgery was being considered. Aquatic therapy was requested. His body mass index is nearly 29.A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is noted to be obese and a trial of pool therapy would likely be appropriate. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. If there was benefit, transition to an independent pool program would be expected and would not be expected to require the number of requested treatments. The request is not medically necessary.