Case Number:	CM15-0033008		
Date Assigned:	02/26/2015	**Date of Injury:**	12/18/2013
Decision Date:	07/08/2015	**UR Denial Date:**	01/22/2015
Priority:	Standard	**Application Received:**	02/23/2015

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: Emergency 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 44 year old male, who sustained an industrial injury on December 18, 2013. He reported an injury to his low back and was diagnosed with a lumbar sprain/strain. An MRI of the lumbar spine on February 3, 2014 did not reveal disc pathology or any significant pathology. Treatment to date has included MRI of the lumbar spine, work modifications, medications, and physical therapy. An evaluation on January 12, 2015 revealed the injured worker presented with constant severe low back pain which he rated an 8 on a 10-point scale. He had occasional radiation of pain to the bilateral lower extremities and had associated numbness, tinging and a burning sensation. On physical examination, the injured worker had tenderness to palpation over the lumbar paravertebral musculature and his range of motion was limited. He had a positive straight leg raise test on the right and a sensory deficit was noted over bilateral L4-L5 dermatomes. The injured worker exhibited a slow and guarded gait. The diagnoses associated with the request include herniated nucleus pulposus, central and bilateral neural foraminal at L4-L5 with desiccation and mechanical back pain with desiccation and slight collapse at L4-L5 and some facet arthrosis with discogenic pain. The treatment plan includes right-sided high volume epidural steroid injection at L4-L5, continuation of home exercise program, physical therapy, and work modifications.

IMR ISSUES, DECISIONS AND RATIONALES

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

High Volume Right-sided epidural steroid injection at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 45-48 of 127.

Decision rationale: The patient sustained an injury in December of 2013. He reported a low back injury an subsequently was diagnosed with a lumbar strain and herniated nucleus pulposus with bilateral neural foraminal disease at the L4-L5 level. He has been treated with medications and physical therapy as well as a home exercise program. The MTUS guidelines state that certain criteria are required for an epidural steroid injection. There is inadequate documentation of physical exam findings of radiculopathy which is required.'Criteria for the use of epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and there by facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. No more than 2 ESI injections are recommended. Therefore, this request is not medically necessary.'

Physical Therapy 2 times a week for 4 weeks for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59 of 127.

Decision rationale: The patient sustained an injury in December of 2013. He reported a low back injury an subsequently was diagnosed with a lumbar strain and herniated nucleus pulposus with bilateral neural foraminal disease at the L4-L5 level. He has been treated with medications and physical therapy as well as a home exercise program. The MTUS guidelines state that active

at home exercises are more effective the passive manipulation for pain relief and are associated with better clinical outcomes. As such, passive manipulation is not indicated at this point. The request is deemed not medically necessary."A recent comprehensive meta-analysis of all clinical trials of manipulation for low back conditions has concluded that there was good evidence for its use in chronic low back pain, while the evidence for use in radiculopathy was not as strong, but still positive. (Lawrence, 2008) A Delphi consensus study based on this meta-analysis has made some recommendationsregarding chiropractic treatment frequency and duration for low back conditions. They recommend an initial trial of 6-12 visits over a 2-4 week period, and, at the midway point as wellas at the end of the trial, there should be a formal assessment whether the treatment is continuing to produce satisfactory clinical gains. If the criteria to support continuing chiropractic care (substantive, measurable functional gains with remaining functional deficits) have been achieved, a follow-up course of treatment may be indicated consisting of another 4-12 visits overa 2-4 week period. According to the study, One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and over dependence on physicians, including doctors of chiropractic. (Globe, 2008) These recommendations are consistent with the recommendations in ODG, which suggest a trial of 6 visits, and then 12 more visits (for a total of 18) based on the results of the trial, except that the Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)."