

<b>Case Number:</b>	CM15-0041690		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	03/25/2014
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61-year-old male sustained an industrial injury to the back on 5/10/14. Previous treatment included magnetic resonance imaging, medications and aquatic therapy and physical therapy. In a PR-2 dated 1/7/15, the injured worker complained of numbness and tingling in bilateral legs. The injured worker noted some mild improvement with physical therapy. Physical exam was remarkable for limited lumbar spine range of motion, tenderness to palpation along the lumbar paraspinal muscles and intact sensation. The injured worker had mild difficulty rising from a seated position, ambulated with a slow, stiffened gait and could not walk on his heels and toes secondary to pain. The injured worker underwent an epidural steroid injection on 1/15/15. In a supplemental charting note dated 2/4/15, no subjective or objective notes were documented. Current diagnoses included displacement lumbar intervertebral disc without myelopathy, lumbar spine sprain/strain and lumbar spine stenosis. The treatment plan included requesting authorization for epidural steroid injections and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural injection L4-L5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**Decision rationale:** The request for repeat ESI is not medically necessary according to MTUS guidelines. The patient had previous injection without documented improvement. According to guidelines, there must be at least 50% pain relief with reduction in medication usage and objective improvement in pain and functional capacity. There was no documentation to support improvement in function. Radiculopathy also must be documented by exam and corroborated by imaging or electrodiagnostic studies. As per the chart, the patient did not have any neurological deficits at L4-5 on exam. Therefore, the request is considered not medically necessary.

**Physical therapy to follow injection, twelve sessions (2x6):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The request is considered not medically necessary. The patient has had 8 sessions with limited improvement. An additional 12 sessions would exceed the recommended number of physical therapy sessions as per MTUS guidelines. According to MTUS guidelines, the maximum number of sessions is 10 for myalgias/neuralgias, which the patient will exceed. There is no documented improvement in functional capacity and the patient should be able to continue a home exercise program. An additional 12 physical therapy sessions would be medically unnecessary as per guidelines.