Case Number:	CM15-0051731		
Date Assigned:	03/25/2015	**Date of Injury:**	05/10/2003
Decision Date:	05/01/2015	**UR Denial Date:**	02/18/2015
Priority:	Standard	**Application Received:**	03/19/2015

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, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 53 year old male, who sustained an industrial injury on 5/10/2003. He reported low back pain that radiated into his left leg and foot. Diagnoses include chronic low back pain, lumbar herniated nucleus pulposus at L4-5 and L5-S1, lumbar degenerative disc disease and lumbar radiculopathy. Treatment to date has included surgical intervention, physical therapy, medications and injections. Per the Primary Treating Physician's Progress Report dated 2/09/2015, the injured worker reported described as sharp, burning and on occasion stabbing, which he rates as a 5-6/10 on average and 7-8/10 at its worst. He reports radiation to his left leg all the way down to the left foot with associated tingling in the left foot and numbness in his thighs bilaterally. Physical examination revealed severe left sided lower lumbar paraspinal muscle tenderness to palpation with spasms. Lumbar spine testing shows severely limited range of motion in flexion at 30 degrees, extension is limited at 10 degrees; lateral extension is limited at 15 degrees. There was mildly limited flexion and external rotation of the left hip. The plan of care included medications and authorization was requested for lumbar epidural steroid injection and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Steroid Injection Injection x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit; however there is no significant long term benefit or reduction for the need of surgery. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Lumbar steroid injection x1 is not medically necessary.

Physical Therapy 2-3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99 of 127.

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

Decision rationale: According to MTUS guidelines, Physical Medicine is "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices.(Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)" There is no documentation of the efficacy and outcome of previous physical therapy sessions. The patient continues to perform a home exercise

program and the request for physical therapy is not justified. Therefore, the request for Physical Therapy 2-3 times a week for 6 weeks is not medically necessary.