

<b>Case Number:</b>	CM15-0065623		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	07/29/2000
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 62 year old man sustained an industrial injury on 7/29/2000. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 3/3/2015. Diagnoses include lumbar disc herniation and lumbar spondylosis. Treatment has included oral medications, facet rhizotomies, use of bilateral canes, and lumbar epidural steroid injections. Physician notes dated 3/3/2015 show complaints of chronic low back pain with radiation to the right leg as well as left hip pain. Recommendations include physical therapy, lumbar epidural steroid injection, nerve root blocks, and follow up in two months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x 4 for the lumbar spine:** Upheld

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

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

**Decision rationale:** The injured worker sustained a work related injury on 7/29/2000. The medical records provided indicate the diagnosis of lumbar disc herniation and lumbar spondylosis. Treatment has included oral medications, facet rhizotomies, use of bilateral canes, and lumbar epidural steroid injections. The MTUS Physical Medicine section of the Chronic pain Treatment guidelines recommends a fading treatment frequency (from up to 3 visits per week to 1 or less) for a total of 10, plus active self-directed home Physical Medicine. The request is for 12 visits. The medical records provided for review do not indicate a medical necessity for Physical therapy 3 x 4 for the lumbar spine. The request is not medically necessary.

**Lumbar epidural steroid injection at L4-5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of epidural steroid injections Page(s): 46.

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

**Decision rationale:** The injured worker sustained a work related injury on 7/29/2000. The medical records provided indicate the diagnosis of lumbar disc herniation and lumbar spondylosis. Treatment has included oral medications, facet rhizotomies, use of bilateral canes, and lumbar epidural steroid injections. The medical records indicate the injured worker had Epidural steroid injection in the past, but did not provide any information regarding the outcome of treatment. The MTUS recommends repeating Epidural injection if the previous injection provided 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. The medical records provided for review do not indicate a medical necessity for Lumbar epidural steroid injection at L4-5. The request is not medically necessary.

**Right L4 selective nerve root block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections, diagnostic.

**Decision rationale:** The injured worker sustained a work related injury on 7/29/2000. The medical records provided indicate the diagnosis of lumbar disc herniation and lumbar spondylosis. Treatment has included oral medications, facet rhizotomies, use of bilateral canes, and lumbar epidural steroid injections. The MTUS is silent on selective nerve root block, but the Official Disability Guidelines states it is another name for Diagnostic epidural steroid injections. The criteria for this test include: indications for diagnostic epidural steroid injections: 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below: 2) To help to evaluate a radicular pain generator when physical signs and

symptoms differ from that found on imaging studies; 3) To help to determine pain generators when there is evidence of multi-level nerve root compression; 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive; 5) To help to identify the origin of pain in patients who have had previous spinal surgery. Based on the 09/2014 report by the spine surgeon, there is a discrepancy between the physical examination finding and the imaging report. Nevertheless, the requester of this procedure did not document any information acknowledging either that he or she reviewed the imaging or the spine surgeon's report. The MTUS recommends that the future management of the Occupational Medicine patient be based on the information from thorough history and physical examination, including detailed review of medical records, and treatment outcome and procedures. The medical records provided for review do not indicate a medical necessity for Right L4 selective nerve root block. The request is not medically necessary.

**Elavil 25mg #30 x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13, 15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16.

**Decision rationale:** The injured worker sustained a work related injury on 7/29/2000. The medical records provided indicate the diagnosis of lumbar disc herniation and lumbar spondylosis. Treatment has included oral medications, facet rhizotomies, use of bilateral canes, and lumbar epidural steroid injections. Elavil (amitriptyline) is a tricyclic antidepressant. The MTUS recommends the antidepressants as an option for neuropathic pain, and as a possibility for non-neuropathic pain. The MTUS recommends that assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The records indicate the injured worker had been treating with Oral medications that included Elavil but switched to Topical because he wanted to reduce the oral medication intake. Nevertheless the document did not provide any information regarding the outcome of treatment with this medication in the past. The medical records provided for review do not indicate a medical necessity for Elavil 25mg #30 x 2 refills. The request is not medically necessary.

**Physical therapy 3 x 6 for the low back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The injured worker sustained a work related injury on 7/29/2000. The medical records provided indicate the diagnosis of lumbar disc herniation and lumbar

spondylosis. Treatment has included oral medications, facet rhizotomies, use of bilateral canes, and lumbar epidural steroid injections. The MTUS Physical Medicine section of the Chronic pain Treatment guidelines recommends a fading treatment frequency (from up to 3 visits per week to 1 or less) for a total of 10, plus active self-directed home Physical Medicine. The request is for 18 visits. The medical records provided for review do not indicate a medical necessity for Physical therapy 3 x 6 for the low back. The request is not medically necessary.