

<b>Case Number:</b>	CM15-0086413		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	11/24/2013
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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 York

Certification(s)/Specialty: Anesthesiology

### 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 47-year-old female, who sustained an industrial injury on November 24, 2013. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having low back pain, tear of annulus fiber, and lumbar spondylolisthesis. Diagnostic studies to date have included x-rays and MRI. Treatment to date has included physical therapy, a back brace, interferential unit trial, epidural steroid injection, and medications including muscle relaxant, opioid, steroid, and non-steroidal anti-inflammatory. On March 16, 2015, the injured worker complains of returning back pain following epidural steroid injections administered on February 18, 2015. The injections helped for three weeks, but she now feels like her legs are going out. She continues to wear her back brace. Physical therapy has helped her pain. An interferential unit trial helped her spasms and pain by 60%. Her pain level is rated 2/10 on good days and 4/10 on bad days. The physical exam revealed no tenderness of the lumbar spine, any paraspinal muscle spasms, negative bilateral straight leg raise, and low back pain when lowering her legs. There was no weakness of the thighs and ankles, ability to toe and heel stand, no decreased sensation of the leg/foot, and normal reflexes of the lower extremities. The injured worker was off work. The treatment plan includes an additional 8 sessions of physical therapy, an interferential unit, and another round of epidural steroid injections. The requested treatments are epidural steroid injections of the bilateral lumbar 4-5 and lumbar 5-sacral 1, a transcutaneous electrical nerve stimulation (TENS) unit, and 8 sessions of physical therapy to the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Physical therapy to lumbar spine qty: 6: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy.

**Decision rationale:** According to the California MTUS Treatment guidelines, physical therapy (PT) is indicated for the treatment of musculoskeletal pain. 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Per ODG, patients should be formally assessed after a "6-visit trial" to see progress made by patient. When the duration and/or number of visits have exceeded the guidelines, exceptional factors should be documented. Additional treatment would be assessed based on functional improvement and appropriate goals for additional treatment. Medical necessity for the requested physical therapy sessions (6) has been established. The requested PT is medically necessary.

### **Epidural steroid injection right L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESIs.

**Decision rationale:** Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). ESIs can offer short-term pain relief and use should be in conjunction with other rehab efforts. The purpose of ESIs is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. According to the CA MTUS guidelines, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is no documentation of pain relief and functional benefit from previous epidural steroid injection therapy. Medical necessity for the requested ESI right L4-L5 has not been established. The requested ESI is not medically necessary.

### **Epidural steroid injection left L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESIs.

**Decision rationale:** Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). ESIs can offer short-term pain relief and use should be in conjunction with other rehab efforts. The purpose of ESIs is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. According to the CA MTUS guidelines, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is no documentation of pain relief and functional benefit from previous epidural steroid injection therapy. Medical necessity for the requested ESI left L4-L5 has not been established. The requested ESI is not medically necessary.

### **Epidural Steroid injection right L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

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

**Decision rationale:** Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). ESIs can offer short-term pain relief and use should be in conjunction with other rehab efforts. The purpose of ESIs is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. According to the CA MTUS guidelines, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is no documentation of pain relief and functional benefit from previous epidural steroid injection therapy. Medical necessity for the requested ESI right L5-S1 has not been established. The requested ESI is not medically necessary.

### **Epidural steroid injection left L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESIs.

**Decision rationale:** Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). ESIs can offer short-term pain relief and use should be in conjunction with other rehab efforts. The purpose of ESIs is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. According to the CA MTUS guidelines, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is no documentation of pain relief and functional benefit from previous epidural steroid injection therapy. Medical necessity for the requested ESI left L5-S1 has not been established. The requested ESI is not medically necessary.

**TENS indefinite use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TENS.

**Decision rationale:** According to the MTUS guidelines, the TENS unit is not recommended as a primary treatment modality. A one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for conditions such as, neuropathic pain, phantom limb pain, complex regional pain syndrome (CRPS), spasticity or multiple sclerosis. In this case, there is limited documentation for a trial of this modality for this particular injury. In addition, there is no documentation of any functional benefit from the TENS unit under the supervision of a physical therapist. Medical necessity for the requested item has not been established. The requested TENS Unit is not medically necessary.