

<b>Case Number:</b>	CM15-0241327		
<b>Date Assigned:</b>	12/18/2015	<b>Date of Injury:</b>	03/04/2007
<b>Decision Date:</b>	01/28/2016	<b>UR Denial Date:</b>	11/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 is a 69-year-old male with a date of industrial injury 3-4-2007. The medical records indicated the injured worker (IW) was treated for cervical disc degeneration; radiculopathy, cervical region; other intervertebral disc degeneration, lumbar region; and bilateral primary osteoarthritis. In the progress notes (10-9-15), the IW reported sciatic pain in the left leg and left neck pain radiating into the left shoulder. He also complained of electric-type pain and numbness and tingling going down the left lower extremity. He rated the pain 8 out of 10, with average ranging from 7 to 9 out of 10. On examination (10-9-15 notes), his gait was antalgic, his posture was stiff and range of motion of the neck was decreased to the left. There was tenderness to palpation on the left spine at approximately L4-5 and L5-S1. Treatments included massage therapy, physical therapy (unknown number of visits) and home neck traction. The provider recommended epidural steroid injections at left L4-5 and L5-S1 and physical therapy with aqua therapy for the neck and low back. There was no evidence in the records reviewed that the IW had any previous epidural steroid injections at left L4-5 to L5-S1. There also was no indication of any functional improvement from previous physical therapy. A Request for Authorization dated 11-4-15 was received for transforaminal lumbar epidural steroid injection at L4-5, L5-S1, left side; physical therapy for the cervical spine and lumbar spine to include aqua therapy, 24 sessions. The Utilization Review on 11-19-15 non-certified the request for transforaminal lumbar epidural steroid injection at L4-5, L5-S1, left side; physical therapy for the cervical spine and lumbar spine to include aqua therapy, 24 sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Transforaminal lumbar epidural steroid injection, left side, L4-L5, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The claimant sustained a work injury while working as a firefighter with date of injury in March 2007. He continues to be treated for chronic intractable neck pain, low back pain, and degenerative joint disease of the knees. An MRI of the lumbar spine in July 2008 showed findings of bilateral L5 spondylolysis with degenerative disc disease without evidence of spinal cord or nerve compression. When seen in October 2015, the claimant had not had physical therapy in the past 12 months. He had 16 sessions a few years ago with a 50% decrease in pain. He was having neck pain radiating to the left shoulder and left lower extremity sciatic symptoms with electrical type pain and numbness and tingling into the left lower extremity. Physical examination findings included a body mass index over 40. He had an antalgic gait and was sitting stiffly. There was decreased cervical spine range of motion. He had left lumbar tenderness. Authorization was requested for a two level left transforaminal epidural injection and 24 sessions of aquatic therapy. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that support a diagnosis of radiculopathy. Imaging findings were negative for neural compromise. The requested epidural steroid injection is not considered medically necessary.

### **Physical therapy, cervical and lumbar spine, including aqua therapy, 24 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) - Physical therapy; Neck & Upper Back - Physical Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

**Decision rationale:** The claimant sustained a work injury while working as a firefighter with date of injury in March 2007. He continues to be treated for chronic intractable neck pain, low

back pain, and degenerative joint disease of the knees. An MRI of the lumbar spine in July 2008 showed findings of bilateral L5 spondylolysis with degenerative disc disease without evidence of spinal cord or nerve compression. When seen in October 2015, the claimant had not had physical therapy in the past 12 months. He had 16 sessions a few years ago with a 50% decrease in pain. He was having neck pain radiating to the left shoulder and left lower extremity sciatic symptoms with electrical type pain and numbness and tingling into the left lower extremity. Physical examination findings included a body mass index over 40. He had an antalgic gait and was sitting stiffly. There was decreased cervical spine range of motion. He had left lumbar tenderness. Authorization was requested for a two level left transforaminal epidural injection and 24 sessions of aquatic therapy. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is noted to be obese and a trial of pool therapy would likely be appropriate. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. If there was benefit, transition to an independent pool program would be expected and would not be expected to require the number of requested treatments. Decreased weight-bearing activities for the cervical spine would not be required. The request is not medically necessary.