

<b>Case Number:</b>	CM14-0123568		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	01/10/2005
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 reported an injury on 01/10/2005. The mechanism of injury and diagnostic studies were not provided. The documentation of 06/23/2014 revealed the injured worker had subjective complaints of stiffness in the low back, spasms in the low back, and depression. Prior therapies included medication, stretching, chiropractic care, aquatic therapy and a lumbar epidural steroid injection. The injured worker was noted to have a lumbar epidural steroid injection in 2012 with a dramatic reduction in back pain. The surgical history included bilateral knee surgeries. The medications included Lyrica 75 mg capsules, Pennsaid 1.5 topical drops, and Pennsaid 20 mg/g actuation 2% topical solution. The documentation indicated the physical examination was consistent with the last date of service on 05/21/2014. The diagnosis included displacement of lumbar intervertebral disc without myelopathy, degeneration of lumbar intervertebral disc, lumbar radiculopathy, and chronic pain syndrome. The treatment plan included physical therapy and a lumbar epidural steroid injection as the injured worker had not received land-based therapy, only aquatic therapy. There was a Request for Authorization submitted for the physical therapy; however, there was not one submitted for the epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times 4 to the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The California MTUS Guidelines recommend physical medicine treatment for up to 10 visits for radiculitis. The clinical documentation submitted for review indicated the injured worker had prior therapy. There was a lack of documentation indicating objective functional deficits to support the necessity for supervised therapy. The injured worker had received aquatic therapy and had not received land-based therapy. The two types of therapy are similar and are both considered physical therapy. There was a lack of documentation of the objective functional benefit that was received from prior sessions and the quantity of sessions that were attended. Given the above, the request for physical therapy 2 times 4 to the lumbar spine is not medically necessary.

**Lumbar Transforaminal Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

**Decision rationale:** The California MTUS Guidelines recommend for repeat epidural steroid injections there should be documentation of 50% pain relief with associated medication reduction and objective functional improvement for 6 to 8 weeks. The clinical documentation submitted for review indicated the injured worker underwent an epidural steroid injection in 2012. There was a lack of documentation of the above criteria. Additionally, there was no objective physical examination submitted for review. The request as submitted failed to indicate the level and laterality for the requested injection. Given the above, the request for Lumbar Transforaminal Epidural Steroid Injection is not medically necessary.