

<b>Case Number:</b>	CM14-0130870		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	03/28/2006
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 57-year-old male with a 3/28/06 date of injury. At the time (7/18/14) of the Decision for Outpatient lumbar epidural steroid injection (ESI) at L5-S1 and Physical Therapy x 9 sessions for the cervical and lumbar spine, there is documentation of subjective (lower back pain radiating to lateral thigh, calf and foot) and objective (tenderness over the right lower lumbar paraspinal muscles, positive right straight leg raising test, and 4/5 strength of bilateral peroneal muscles) findings, imaging findings (MRI of the lumbar spine (6/10/14) report revealed L5-S1 bilateral facet hypertrophy, spinal stenosis, bilateral foraminal narrowing, and a 3mm posterior disc protrusion), current diagnoses (C6-C7 disc protrusion and L4-L5 and L5-S1 disc herniation), and treatment to date (medications and trigger point injections). Regarding lumbar epidural steroid injection, there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested (S1) nerve root distribution. Regarding Physical therapy, It cannot be determined if this is a request for initial or additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient lumbar epidural steroid injection (ESI) at L5-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs).

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session; as criteria necessary to support the medical necessity of lumbar epidural steroid injection. Within the medical information available for review, there is documentation of diagnoses of C6-C7 disc protrusion and L4-L5 and L5-S1 disc herniation. In addition, there is documentation of subjective (pain) radicular findings in the requested nerve root distributions and failure of conservative treatment (activity modification and medications). Furthermore, there is documentation of imaging (spinal stenosis and bilateral foraminal narrowing) findings at the requested level. However, despite documentation of objective (4/5 strength of bilateral peroneal muscles (L5 nerve root distribution)) findings, there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested (S1) nerve root distribution. Therefore, based on guidelines and a review of the evidence, the request for Outpatient lumbar epidural steroid injection (ESI) at L5-S1 is not medically necessary.

**Physical Therapy x 9 sessions for the cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back AND Neck and Upper Back, Physical therapy (PT).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. ODG recommends a limited course of physical therapy for patients with diagnoses of lumbar Intervertebral disc disorder without myelopathy and Displacement of cervical intervertebral disc not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is

documentation of diagnoses of C6-C7 disc protrusion and L4-L5 and L5-S1 disc herniation. In addition, given documentation of subjective (lower back pain radiating to lateral thigh, calf and foot) and objective (tenderness over the right lower lumbar paraspinal muscles, positive right straight leg raising test, and 4/5 strength of bilateral peroneal muscles) findings, there is documentation of functional deficits and functional goals. However, given documentation of a 3/28/06 date of injury where there would have been an opportunity to have had previous physical therapy, it is not clear if this is a request for initial or additional (where physical therapy provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) physical therapy treatment. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy x 9 sessions for the cervical and lumbar spine is not medically necessary.