

<b>Case Number:</b>	CM14-0141120		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/13/2014
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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:

This patient is a 41-year-old male with a date of injury of 02/13/2014. The listed diagnosis per [REDACTED] is "potential L4, L5, S1 lumbar disk protrusion and right lower extremity radiculopathy." According to progress report 06/20/2014, the patient presents with low back pain which has improved with Naproxen. Physical examination revealed "decreased pain about his lumbar spine and decreased tension on the right side." There is mild weakness with respect to his right side particularly above the tibialis anterior and extensor hallucis longus. The treater states that as soon as the MRI is obtained, a lumbar epidural injection will be considered. Report 07/23/2013 indicates the patient has radiating pain down the right leg which has not improved with physical therapy or medication. Physical examination revealed "diffuse tenderness about the lower lumbar spine and mildly positive tension signs on the right side." MRI of the lumbar spine from 07/18/2014 revealed evidence of multilevel lumbar degenerative disk disease particularly with broad-based disk bulges at L4, L5, and S1 levels. Treater is recommending patient continue with physical therapy and a lumbar steroid injection. Utilization review denied the request on 08/11/2014. Treatment reports from 02/14/2014 through 07/23/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times per week for 4 weeks to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy Page(s): 98 99.

**Decision rationale:** This patient presents with low back pain. The treating physician is recommending the patient continue physical therapy 2x per week for 4 weeks. Utilization review denied the request stating that there is no documentation if the claimant is participating in a home exercise program and no functional deficits are provided. The medical file provided for review does not include physical therapy treatment history. Progress report 07/23/2014 states, "He has not improved with physical therapy and medication." It is unclear why the treating physician is requesting additional physical therapy sessions at this time. In this case, recommendation for extended physical therapy cannot be supported as the treating physician documents that physical therapy has not been beneficial. The request is not medically necessary and appropriate.

**Lumbar 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 ESI under chronic pain Page(s): 46-48.

**Decision rationale:** This patient presents with low back pain. The treating physician is requesting a lumbar epidural steroid injection. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 48, "Recommended as an option for treatment of radicular pain defined as pain in the dermatomal distribution with corroborated findings of radiculopathy." In this case, the patient reports low back and leg pain, but the MRI does not indicate herniation or protrusion that may explain the patient's radicular symptoms. MRI from 7/18/14 showed only degenerative discs that are bulging without any evidence of potential nerve root lesion such as protrusions, herniations or stenosis. MTUS requires documentation of radicular pain which must be corroborated with MRI findings. The request is not medically necessary and appropriate.