

<b>Case Number:</b>	CM14-0166492		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	06/18/2014
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Internal 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:

The injured worker (IW) is a 37 year-old man who was involved in a motor vehicle accident on June 18, 2014. According to the initial pain management report dated September 17, 2014, the IW is having dull, aching pain in his lower back. There is no pain radiating down his legs. Diagnoses include lumbar strain/sprain, and back pain. He has tried non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxers, which were not helpful. The IW has had 6 physical therapy sessions through September 11, 2014 and would like more physical therapy. The IW was attended 12 sessions of chiropractic treatment. He has not had acupuncture treatment. Physical examination reveals pain only to palpation over the paraspinal muscles at L2 and L3. He has pain with forward flexion versus extension, but range of motion is with normal limits. The provider recommends a lumbar steroid injection, and physical therapy. Work status report dated September 17, 2014 states the IW may continue work without restriction. He has been working prior to this visit. Radiology report x-ray of the lumbosacral spine 5 views dated June 18, 2014 reveals very minimal developmental posterior overriding of L5 with respect to S1. Radiology report MRI of the spine without contrast dated August 13, 2014 reveals a combination of degenerative disc disease, facet arthropathy, and ligamentum flavum redundancy contributing to the mild to moderate left L3/L4, mild to moderate right L4/L5, and mild to moderate bilateral L5/S1 neural foramina stenosis. There is mild deformity to the existing left L3, right L4, and bilateral L5 nerve roots. Laterally directed disc and osteophyte disease contacts the existing left L2, right L4, and right L5 nerve roots in the extraforminal zone. The IW was instructed to continue medications, and home exercises with periodic stretches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2 times 4 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 Physical Medicine Page(s): 98-99.

**Decision rationale:** Pursuant to the California MTUS, Chronic Pain Medical Treatment Guidelines, the request for physical therapy two times per week for four weeks of the lumbar spine is not medically necessary. The guidelines indicate that physical medicine is indicated in certain situations. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. Patients are expected to continue active therapies at home as an extension of treatment. In this case, the injured worker attended six visits of physical therapy. The provider notes improvement in the medical record with physical therapy, but there is no documentation of specific objective or functional changes/improvement as a result of physical therapy. The current physical examination is comparatively unremarkable with no significant objective clinical findings. Additionally, the injured worker is working without restrictions. Consequently, without evidence of positive clinical gains from prior physical therapy sessions/treatment and clear objective deficits, the additional physical therapy request is not medically necessary.

**Lumbar epidural steroid injection L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** Pursuant to the California MTUS, Chronic Pain Medical Treatment Guidelines, ESI are not medically necessary. The Chronic Pain Medical Treatment Guidelines note that epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than two ESI injections at a time. Epidural steroid injections can offer short-term pain relief and use should be in conjunction with other rehabilitation efforts including a home exercise program. There was little information on improved function. In this case, the injured worker complains of localized low back pain without radicular symptoms. Additionally, the medical record does not show significant neurologic motor or sensory deficits. Based on the clinical information in the medical record and the peer review, evidence-based guidelines the request is not medically necessary.

