

<b>Case Number:</b>	CM14-0168868		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	01/07/2005
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 36 y/o male who developed chronic low back pain subsequent to a lifting injury on 1/7/05. He has had an L5-S1 fusion in '13 and has completed 24 sessions of post-operative therapy. After the completion of the 24 sessions the therapist recommends discontinuation as the improvement had plateaued. The patient has continued pain radiating into the legs that is rated VAS 5/10. Electrodiagnostic were consistent with a chronic radiculopathy affecting the L4 nerve roots. A diagnostic epidural injection was recommended to see if his pain was secondary to these nerve roots. There is no documentation that there was any physician review of physical therapy notes prior to the request for additional therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) physical therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** Although MUTS Guidelines supports up to 34 sessions of post-operative therapy, but the post-operative time period for therapy is considered 6 months. The request for additional therapy is well beyond 6 months post operatively and the physical therapist has

opinioned that additional therapy was not indicated. Under these circumstances, the request for an additional 12 sessions is not medically necessary.

**Epidural steroid injection at bilateral L4-5: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Injections Diagnostic

**Decision rationale:** MTUS Guidelines provide for some differentiation between therapeutic and diagnostic epidural blocks. It is clearly documented that the purpose of the requested epidurals is for diagnostic purposes. ODG Guidelines provide additional details regarding the appropriate use of diagnostic blocks and this request meets the Guideline standards. The request for bilateral lumbar L4-5 diagnostic epidurals is medically necessary.