

<b>Case Number:</b>	CM14-0218396		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	11/17/2013
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Family Practice

### 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 35-year old female who sustained an industrial injury on November 17, 2013. She has reported back pain. The diagnoses have included displacement of the lumbar spine disc without myelopathy, lumbosacral sprain and herniated nucleus propulsus of L4-5 and L5-S1. Treatment to date has included pain management, use of corset, and physical therapy. Currently, the IW complains of pain. She has taken her Relafen twice per day and her Flexeril twice per week. The injured worker reported using her corset. There was no asymmetry of the paraspinal musculature and no scoliosis. Lumbar range of motion with forward flexion was 10 degrees and lateral left/right was 30/30 degrees. On November 25, 2014, Utilization Review non-certified a lumbar epidural steroid injection under fluoroscopy guidance for the L5-S1 spine and eight additional physical therapy sessions noting the California MTUS. On November 25, 2014 Utilization Review non-certified a pain management consultation, noting the ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127. On December 30, 2014 the injured worker submitted an application for IMR for review of one lumbar epidural steroid injection under fluoroscopy guidance for the L5-S1, one pain management consultation for symptoms related to the lumbar spine and 8 additional physical therapy sessions for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Lumbar Epidural Steroid Injection under Fluoroscopy guidance for the L5-S1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Epidural Steroid Injections Page(s): 46-47.

**Decision rationale:** This patient receives treatment for chronic low back pain since 2013. The treatment in question, ESIs, can be an option for treatment of radicular pain if radiculopathy is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, the medical notes must show that conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants) have not been helpful. In the medical records in this case, however, there is insufficient evidence for the diagnosis of a true radiculopathy on clinical exam. There are no segmental deficits of both sensory and motor findings of the lumbar spine. Additionally, there are no clear cut radicular pathologic findings on imaging nor similar supportive findings from electrodiagnostic studies. ESIs are not medically indicated.

**1 Pain Management Consultation for symptoms related to the Lumbar Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, pg 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7 page 127.

**Decision rationale:** From the section on Exams and Consultations: When the treating physician requests a consultation for a higher level of care, there must be adequate documentation for the level of pain and any loss of functional activity to date. Pain can be quantified on a scale from 1 to 10. Levels of function have a number of rating scales as well; these include, the FCE, the Functional Capacity Evaluation. This widely used metric provides a basis to first evaluate and then track a patient's response to interventions. The medical documentation does not adequately record the level of pain nor the FCE at the time of the request of the pain management consultation. A referral to a pain management specialist is not medically indicated.

**8 Additional physical therapy for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back - Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** This patient receives treatment for chronic low back pain dating back to 2013. The documentation shows that the patient already has had 15 sessions of physical therapy. This number of sessions exceeds the guidelines for radicular type symptoms. The guidelines state that physical therapy starts with passive treatments which then fade to a supervised home exercise program. The patient should already be performing these activities as instructed. There is no documentation that either a new injury has occurred or any surgical procedure has taken place to account for more PT sessions. The request for another round of PT sessions is not medically indicated.