

<b>Case Number:</b>	CM15-0101037		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 49-year-old male, who sustained an industrial injury on 05/30/2012. He has reported injury to the low back. The diagnoses have included lumbago; persistent lumbar spine pain status post fusion; left radicular symptoms; unspecified thoracic/ lumbar neuritis/ radiculitis; and displaced lumbar and intervertebral disc. Treatment to date has included medications, diagnostics, epidural steroid injection, physical therapy, and surgical intervention. Medications have included Norco, Gabapentin, Motrin, and topical compounded cream. A progress note from the treating physician, dated 02/26/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of lumbar spine pain; intermittent lumbar spine surgical site pain with weakness; and left leg weakness and numbness. Objective findings have included range of motion of the lumbar spine is decreased in all directions with pain; and positive straight leg raise test on the right, with radicular numbness along the L3-S1 region to the calf. The treatment plan has included the request for L2-4 epidural steroid injection with face x 2; and post-operative physical therapy 3x3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L2-4 epidural steroid injection with facet x2:** 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 Epidural Steroid Injection Section Page(s): 46.

**Decision rationale:** Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment 3) Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. 8) No more than 2 ESI injections. Per available documentation, the injured worker had a recent MRI that revealed impingement at the L4-5 level. This request is for ESI at the L2-L4 level, not the L4-5 level, therefore the request for L2-4 epidural steroid injection with facet x2 is not medically necessary.

**Post-operative physical therapy 3x3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98, 99, Postsurgical Treatment Guidelines Page(s): 11.

**Decision rationale:** "Postsurgical physical medicine period" means the time frame that is needed for postsurgical treatment and rehabilitation services beginning with the date of the procedure and ending at the time specified for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. For all surgeries not covered by these guidelines, the postsurgical physical medicine period is six (6) months. The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. As the injured worker's L2-4 ESI is not supported, the post-op physical therapy is not necessary. The request for post-operative physical therapy 3x3 is not medically necessary.