

<b>Case Number:</b>	CM15-0013695		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	12/18/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: Texas, Ohio, 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 applicant is a represented 41-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 18, 2013. In a utilization review report dated December 23, 2014, the claims administrator partially approved a request for 12 sessions of physical therapy as 2 sessions of physical therapy and denied a lumbar epidural steroid injection. The claims administrator referenced a November 24, 2014 progress note in its determination. The claims administrator also referenced a lumbar MRI imaging of November 24, 2014, which the claims administrator interpreted as negative for radiculopathy. The applicant's attorney subsequently appealed. On December 22, 2014, the applicant reported ongoing complaints of low back pain, ankle pain, and knee pain. A 15-pound lifting limitation and epidural steroid injection therapy were endorsed. It appears that portions of the December 22, 2014 progress note were truncated. On March 17, 2014, the applicant reported ongoing complaints of low back pain radiating to the left leg. The attending provider stated that the applicant had had electrodiagnostic testing which was suggestive of a tarsal tunnel syndrome as opposed to a lumbar radiculopathy. The attending provider stated that he believes the applicant's presentation was consistent with herniated disc at the L4-5 level generating associated L5 radiculopathy. The applicant was placed off work, on total temporary disability, and asked to pursue additional physical therapy. Lumbar MRI imaging of January 24, 2014 was notable for an L4-L5 disc osteophyte complex generating mild lateral recess stenosis. The remainder of the file was surveyed. There was no evidence that the applicant had previously received an epidural steroid injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy twice a week for six weeks for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20; 9792.26 M.

**Decision rationale:** 1. No, the request for 12 sessions of physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment proposed, in and of itself represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, which notes that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is off work, on total temporary disability, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim, suggesting a lack of functional improvement as defined in MTUS 9792.20(f). Therefore, the request for additional physical therapy was not medically necessary.

**Single lumbar epidural steroid injection L5-S1:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9.

**Decision rationale:** 2. Conversely, the request for a single lumbar epidural steroid injection at L5-S1 was medically necessary, medically appropriate, and indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Here, the applicant does have some (incomplete) evidence of radiculopathy at the L4-L5 level. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, furthermore, does support up to two diagnostic epidural blocks. The request in question appears to represent a first-time epidural request as the applicant does not appear to have had prior epidural steroid injection therapy. Therefore, the request was medically necessary.

