

<b>Case Number:</b>	CM15-0029434		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Emergency 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 57 year old female, who sustained an industrial injury on April 1, 2013. She reported a fall with a head injury. Her diagnoses include lumbar spondylosis and disc disease, and right elbow pain. She has been treated with work modifications, MRI, physical therapy, TENS (transcutaneous electrical nerve stimulation), and medications including short-acting and long-acting pain, muscle relaxant an antidepressant, and sleep. On January 27, 2015, her treating physician reports mid and low back pain, headache, bilateral legs and feet burning and pain, and right elbow pain. The physical exam revealed the neck was tenderness to palpation over the posterior spinous processes and bilateral paraspinal muscles, and moderately decreased range of motion due to pain. There was tenderness to palpation of the mid thoracic through the upper lumbar spinous processes and bilateral paraspinal muscles, and non-tender over the sacroiliac joints. The range of motion of the bilateral upper extremities was limited. Her gait was slow and guarded. Standing on her heels and toes caused back pain, and her straight leg raises were negative. The treatment plan includes an epidural steroid injection and physical therapy. On February 10, 2015, her treating physician reports unchanged pain of the torso, bilateral feet, right knee, right elbow, and head. Her pain is rated 7-8/10. The physical exam revealed mild depression. Current medications include short-acting and long-acting pain, an antidepressant, and sleep. The treatment plan includes an epidural steroid injection and medication adjustment. On February 17, 2015, the injured worker submitted an application for IMR for review of a request for a left lumbar 5 epidural steroid injection (1 x 2) and a prescription for 16 visits (2 x 8) of physical therapy for the spine. The epidural steroid injection was non-certified based on the lack

of documentation of a recent examination which indicates radicular symptoms that follow the left lumbar 5, and objective findings that correlate with the imaging. The physical therapy was non-certified based on the limited documentation of prior care as well as the claimant's response to that prior treatment. In addition, it was unclear the claimant experienced a recent exacerbation of symptoms that caused specific functional decline. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left L5 Epidural Steroid Injections X's 2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The requested Left L5 Epidural Steroid Injections X's 2, is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The injured worker has mid and low back pain, headache, bilateral legs and feet burning and pain, and right elbow pain. The physical exam revealed the neck was tenderness to palpation over the posterior spinous processes and bilateral paraspinal muscles, and moderately decreased range of motion due to pain. There was tenderness to palpation of the mid thoracic through the upper lumbar spinous processes and bilateral paraspinal muscles, and non-tender over the sacroiliac joints. The range of motion of the bilateral upper extremities was limited. Her gait was slow and guarded. Standing on her heels and toes caused back pain, and her straight leg raises were negative. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electrodiagnostic findings indicative of radiculopathy. The criteria noted above not having been met, Left L5 Epidural Steroid Injections X's 2 is not medically necessary.

#### **Physical Therapy 2 Times A Week for 8 Weeks (Spine): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Physical Therapy Guidelines, Low Back Complaints, Physical Therapy.

**Decision rationale:** The requested Physical Therapy 2 Times A Week for 8 Weeks (Spine), is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Page 300 and ODG Treatment in Workers Compensation, ODG Physical Therapy Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The injured worker has mid and low back pain, headache, bilateral legs and feet burning and pain, and right elbow pain. The physical exam revealed the neck was tenderness to palpation over the posterior spinous processes and bilateral paraspinal muscles, and moderately decreased range of motion due to pain. There was tenderness to palpation of the mid thoracic through the upper lumbar spinous processes and bilateral paraspinal muscles, and non-tender over the sacroiliac joints. The range of motion of the bilateral upper extremities was limited. Her gait was slow and guarded. Standing on her heels and toes caused back pain, and her straight leg raises were negative. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions. The criteria noted above not having been met, Physical Therapy 2 Times A Week for 8 Weeks (Spine) is not medically necessary.