

<b>Case Number:</b>	CM15-0091998		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	08/17/2012
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56-year-old female, who sustained an industrial injury on 8/17/12. She reported pain in bilateral knees, right hand, neck and back. The injured worker was diagnosed as having degenerative lumbar intervertebral disc, radicular syndrome of upper limbs, lumbar radiculopathy, low back pain, numbness, stenosis, paresthesias, lumbosacral spondyloarthritis, pain in limb, radiculopathy, degeneration of cervical intervertebral disc, sprain of neck, lumbar sprain, cervical spondyloarthritis and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included 6 sessions of Pilate's physical therapy, epidural steroid injection, arthroscopic surgery and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine dated 9/21/13 noted degenerative disc changes at multiple levels. Currently, the injured worker complains of ongoing pain that is not improving, mostly in low back and sharp pain in the right thigh and pain in left knee. She complains of numbness, weakness in legs with shooting pain in front of right shin and top of right foot and constant moderate to severe pain in low back both knees, right thigh and neck rated 8-9/10 without medications and 6-7/10 with medications. The injured worker is currently working with restrictions. Physical exam noted tenderness to palpation of midline spine with decreased range of motion and decreased sensation to touch of right dorsal plantar foot, cervical spine exam noted unremarkable exam. A request for authorization was submitted for 6 additional physical therapy visits, 6 sessions for Pilates and additional lumbar epidural steroid injection at L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pilates 1x6 lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Membership.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in August 2012 and continues to be treated for low back pain with lower extremity weakness. She has right thigh and left knee pain. Prior treatments have included physical therapy and Pilates. When seen, she was performing Pilates and a home exercise program on her own. There had been an epidural injection done previously reported to have provided more than 50% pain relief lasting for up to one year. The injection was performed on 08/21/14. However, when seen on 10/01/14 she was having ongoing symptoms and a second lumbar epidural steroid injection had been recommended and had been denied. In this case, the claimant is a ready performing Pilates and a home exercise program. Additional skilled physical therapy or formal Pilate's treatment sessions are not medically necessary.

**Physical therapy 1x6 lumbar spine: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in August 2012 and continues to be treated for low back pain with lower extremity weakness. She has right thigh and left knee pain. Prior treatments have included physical therapy and Pilates. When seen, she was performing Pilates and a home exercise program on her own. There had been an epidural injection done previously reported to have provided more than 50% pain relief lasting for up to one year. The injection was performed on 08/21/14. However, when seen on 10/01/14 she was having ongoing symptoms and a second lumbar epidural steroid injection had been recommended and had been denied. In this case, the claimant is a ready performing Pilates and a home exercise program. Additional skilled physical therapy or formal Pilate's treatment sessions are not medically necessary.

**Epidural Steroid Injection at L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

**Decision rationale:** The claimant sustained a work injury in August 2012 and continues to be treated for low back pain with lower extremity weakness. She has right thigh and left knee pain. Prior treatments have included physical therapy and Pilates. When seen, she was performing Pilates and a home exercise program on her own. There had been an epidural injection done previously reported to have provided more than 50% pain relief lasting for up to one year. The injection was performed on 08/21/14. However, when seen on 10/01/14 she was having ongoing symptoms and a second lumbar epidural steroid injection had been recommended and had been denied. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, there is a discrepancy between the medical records submitted and this request. Although the requesting provider references improvement lasting for up to one year, the records indicate that less than two months after the epidural steroid injection was performed, the claimant was having ongoing pain and a second epidural injection had been denied. This would be consistent with an inadequate response from the first injection. Therefore, the documentation is insufficient to establish the medical necessity of a repeat injection.