

<b>Case Number:</b>	CM14-0104371		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/16/2002
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 16, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated June 17, 2014, the claims administrator denied a request for a lumbar MRI, denied request for an L5-S1 nerve root block, denied a lumbar corset, denied a housecleaning service. Despite the fact that the MTUS addresses the topic of home health services, the claims administrator nevertheless invoked non-MTUS ODG Guidelines to deny the same. The applicant's attorney subsequently appealed. In an August 4, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant had reportedly retired from work as a police officer at age 66, it was stated. The applicant reported axial low back pain without any radicular complaints, it was stated in one section of the note. The applicant apparently presented to obtain medications. The applicant stated that he was having difficulty standing and/or walking for protracted amounts of time. The applicant was also having difficulty lifting heavy weights. The attending provider stated that the applicant "described debility." Tylenol No. 3 was endorsed. The applicant was asked to follow up as needed. It appeared that the request for Tylenol No. 3 was a first-time request, as the attending provider stated that the applicant was not currently receiving any medications. In an April 20, 2014 progress note, the applicant was described as a 67-year-old police officer on this occasion reporting ongoing complaints of low back pain without any radicular features. No motor deficits, sensory deficits, or reflex alterations were appreciated. Limited lumbar range of motion was noted. Lumbar MRI imaging, Percocet, Valium, prednisone, and a lumbar corset were sought. In a separate letter dated April 20, 2014, the attending provider stated that the applicant

had difficulty performing lifting activities and would therefore benefit from "advance homemaking tasks," including house cleaning.

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

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

#### **Lumbar MRI: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 302-303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. In this case, as the attending provider has himself acknowledged, the applicant is not actively considering or contemplating any kind of surgical intervention involving the lumbar spine. The applicant's lack of any radicular complaints, motor deficits, reflex alterations, etc., would seem to argue against the need for any kind of surgical intervention here, it is further noted. Therefore, the request is not medically necessary.

#### **Nerve root block, right L5-S1: 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, Epidural steroid injections

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

**Decision rationale:** While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option for radicular pain, in this case, however, the applicant does not, in fact, have any complaints of radicular pain. The applicant is consistently described as reporting complaints of axial low back pain, without any radiation of pain to or weakness in either lower extremity. Epidural steroid injections are not endorsed in the axial low back pain context present here. Therefore, the request is not medically necessary.

#### **Lumbar corset: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports/lumbar corsets have not shown to have any lasting benefit outside of the acute phase of symptoms relief. In this case, the applicant is, quite clearly, well outside of the acute phase of symptom relief following an industrial injury of October 16, 2002. Lumbar supports/lumbar corsets are not indicated in the chronic pain context present here, per ACOEM. Therefore, the request is not medically necessary.

**House cleaning service:** 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, Home health services

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services topic. Page(s): 51.

**Decision rationale:** As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment in applicants who are home-bound. In this case, there is no evidence that the applicant is home-bound. It is further noted that page 51 of the MTUS Chronic Pain Medical Treatment Guidelines also states that medical treatment does not include the homemaker services seemingly being sought here, which apparently include cleaning the home and other housekeeping tasks. Therefore, the request is not medically necessary.