

<b>Case Number:</b>	CM14-0011162		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	01/11/2001
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 patient is a 52-year-old female who has filed a claim for lumbar degenerative disc disease associated with an industrial injury date of January 11, 2001. Review of progress notes indicates increasing low back pain and urinary and bowel issues, and new symptoms on the bottoms of both feet. Patient wakes up over 10 times a night. Patient is independent with regards to activities of daily living and is able to return to work. Findings include tenderness over the midline lumbar spine and right PSIS, and negative straight leg raise test. MRI of the lumbar spine dated May 02, 2008 showed interval resolution of the L5-S1 disc protrusion with mild left neuroforaminal narrowing. Mention of a lumbar CT (date unspecified) showed degenerative changes at L1 and T12. Treatment to date has included ice, heat, NSAIDs, muscle relaxants, opioids, physical therapy, aqua therapy, lumbar epidural steroid injections, Toradol injections, topical analgesics. Utilization review from January 13, 2014 denied the requests for MRI lumbar spine as there was limited evidence of significant progression of neurological deficit since the prior study; trial aqua therapy for core strengthening x 12 sessions as there was no documentation that the patient has failed land-based therapy; bilateral L4-5 LESI as there was no documentation of improvement with previous injections, and there was limited evidence of radiculopathy. There was partial certification for Robaxin 750mg for #20 as this medication is not recommended for long-term use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LUMBAR SPINE:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. According to ODG, lumbar MRIs are recommended in patients with lumbar spine trauma with neurological deficit or seatbelt fracture; uncomplicated low back pain with suspicion of cancer or infection, with radiculopathy after one month conservative therapy or sooner if severe or progressive neurologic deficits, with prior lumbar surgery, or with cauda equina syndrome; or myelopathy -- traumatic, painful, sudden onset, stepwise progressive or slowly progressive, and infectious disease or oncology patient. In this case, patient reports increasing bowel and bladder symptoms, and new-onset symptoms on the bottoms of both feet. Patient's last MRI was in May 2008, which showed interval resolution of the L5-S1 disc protrusion with mild left neuroforaminal narrowing. An updated MRI at this time is reasonable to assess the anatomy of the lumbar spine as this patient is having increased symptoms. Therefore, the request for MRI lumbar spine was medically necessary.

**TRIAL AQUA THERAPY FOR CORE STRENGTHENING X 12 SESSIONS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** According to page 22 of CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. In this case, the patient has had previous physical and aquatic therapy. There is no documentation describing the benefits derived from these sessions. The patient is currently experiencing worsening of bowel and bladder symptoms and increasing low back pain, however, there is no documentation regarding intolerance to or failure of land-based physical therapy. Therefore, the request for aqua therapy for core strengthening x 12 sessions was not medically necessary.

**BILATERAL L4-5 LESI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Epidural Steroid Injection.

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

**Decision rationale:** As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for epidural injections in the absence of objective radiculopathy. Criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and conservative treatment. Repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. Patient has had previous lumbar epidural injections in 2008 with 2-3 years of relief. Patient reports that epidurals and Robaxin allows for the ability to return to work and to perform leisure activities without being on narcotic medications. Previous epidural injections also improved the patient's bowel and urinary symptoms. However, there is no documentation regarding the quantified amount of improvement from previous lumbar epidural injection, and of objective findings of radiculopathy. Therefore, the request for bilateral L4-5 LESI was not medically necessary.

**ROBAXIN 750 MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants ( For Pain ).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** As stated on CA MTUS Chronic Pain Medical Treatment Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. Patient has been on this medication since at least September 2013. There is no documentation regarding acute exacerbation of chronic pain at this time, and this medication is not recommended for long-term therapy. Also, the patient is already on NSAID therapy. Therefore, the request for Robaxin 750mg #120 was not medically necessary.