

<b>Case Number:</b>	CM14-0130141		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	06/11/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 injured worker is a 60 year old male who reported a date of injury of 06/11/2012. The mechanism of injury was from lifting an object. The injured worker had diagnoses of lumbar degenerative disc disease, neural foraminal stenosis, left sacroiliitis and left leg sciatica. Prior treatments included a sacroiliac joint injection 03/26/2014. The injured worker had an MRI of the lumbar spine without contrast 03/17/2014, the official report included findings of disc protrusions at L3-4 and a disc bulge at the L4-5 level with facet hypertrophy resulting in moderate to severe foraminal and central canal stenosis at all of the levels. An unofficial EMG/NCV was performed on 03/18/2014 with findings of bilateral L4-S1 radiculopathy most prominent on the left. The injured worker had complaints of constant low back and left thigh pain of 6-9/10 on a pain scale, the pain would worsen with walking more than 50 feet, climbing stairs, lying on his left side or bending over. The injured worker stated the pain was reduced with medications and the sacroiliac joint injection. The clinical note dated 06/26/2014 noted the injured worker ambulated with an antalgic gait, was not able to stand or walk on his toes or heels bilaterally, and had difficulty in performing tandem gait. There was moderate tenderness to palpation over the L4 through S1 spinous process. The injured worker was very tender to palpation on the left posterior superior iliac spine and left sacroiliac joint. There was moderate tenderness to palpation to the right posterior superior iliac spine and right sacroiliac joint, and the paraspinous muscles were moderately stiff to palpation bilaterally. The lumbar spine range of motion demonstrated 70 degrees of flexion and 15 degrees of extension with pain, spasms and guarding. The left lower extremity had strength of 4/5 with thigh flexion, knee extension and flexion, and in the extensor longus. The injured worker had positive Patrick's and Gillet's tests. The 07/01/2014 examination noted the injured worker had complaints of low back pain with left-

sided leg weakness, and left-sided radiating pain down the left leg and anterior thigh to the left knee, the pain ranged from 2-6/10 in overall severity. The injured worker had positive sacroiliac joint tenderness and Fabere's test on the left, reflexes of the knee and ankle bilaterally were 0+ and 1+. The injured worker had 4/5 dorsiflexion on the left and 4/5 strength in the left extensor hallucis longus. Medications included gabapentin. The treatment plan was for the injured worker to continue with injections, start physical therapy and undergo nuclear medicine bone scan and CT of the pelvis and lumbar spine without contrast. The physician's rationale for a CT of the pelvis and lumbar spine without contrast was to further evaluate the bone quality, and a nuclear medicine bone scan of the pelvis and lumbar spine to evaluate if there was pathology to the sacroiliac joint and if it was contributing to most of the injured worker's overall pain. The request for authorization form was signed on 07/07/2014.

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

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

#### **Physical therapy to lumbar spine 2-3 x 4-6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines physical medicine, Page(s): 98-99.

**Decision rationale:** The request for Physical therapy to lumbar spine 2-3 x 4-6 is not medically necessary. The injured worker had complaints of constant low back and left thigh pain rated 6-9/10, which worsened with walking more than 50 feet, climbing stairs, lying on his left side or bending over. The injured worker had lumbar flexion of 70/90 degrees and lumbar extension of 15/40 degrees. The California MTUS guidelines recommend 8-10 visits over 4 weeks. The guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. There is a lack of documentation indicating whether the injured worker has had prior physical therapy to the lumbar spine as well as the efficacy of any prior physical therapy to the lumbar spine. The request for 18 visits would exceed the guideline recommendations. As such, the request is not medically necessary.

#### **CT of the lumbar spine without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303-304.  
Decision based on Non-MTUS Citation Official Disability Guidelines: Lumbar chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for Physical therapy to lumbar spine 2-3 x 4-6 is not medically necessary. The injured worker had complaints of constant low back and left thigh pain rated 6-9/10, which worsened with walking more than 50 feet, climbing stairs, lying on his left side or

bending over. The injured worker had lumbar flexion of 70/90 degrees and lumbar extension of 15/40 degrees. The California MTUS guidelines recommend 8-10 visits over 4 weeks. The guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. There is a lack of documentation indicating whether the injured worker has had prior physical therapy to the lumbar spine as well as the efficacy of any prior physical therapy to the lumbar spine. The request for 18 visits would exceed the guideline recommendations. As such, the request is not medically necessary.

**CT of the pelvis without contrast:** 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), Hip & Pelvis chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis, CT (computed tomography).

**Decision rationale:** The request for CT of the pelvis without contrast is not medically necessary. The injured worker was very tender to palpation over the left posterior superior iliac spine and left sacroiliac joint. There was moderate tenderness to palpation to the right posterior superior iliac spine and right sacroiliac joint. The injured worker had positive Patrick's and Gillet's tests. The Official Disability guidelines recommend CT of the hip for patients with sacral insufficiency fractures, suspected osteoid osteoma, subchondral fractures, and failure of closed reduction. There is a lack of documentation indicating the injured worker has sacral insufficiency fractures, suspected osteoid osteoma, subchondral fractures, and failure of closed reduction. The physician's rationale for requesting a CT was to evaluate the bone quality. There is a lack of documentation indicating why the injured worker's bone quality would need to be assessed. As such, the request is not medically necessary.

**Nuclear med bone scan of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 178-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back, Bone scan

**Decision rationale:** The request for nuclear medicine bone scan of the lumbar spine is not medically necessary. The injured worker had complaints of constant low back and left thigh pain rated 6-9/10. The injured worker had left-sided leg weakness, left-sided radiating pain down the left leg and anterior thigh to the left knee, and reflexes of the knee and ankle bilaterally were 0+ and 1+. The injured worker had 4/5 dorsiflexion on the left and 4/5 strength in the left extensor hallucis longus. The Official Disability Guidelines state bone scans are not recommended, except for bone infection, cancer, or arthritis. The physician's rationale for requesting a nuclear

bone scan was to determine if the injured workers sacroiliac joint is contributing to the injured worker's overall pain. There is a lack of documentation indicating why the injured worker would require a bone scan of the lumbar spine. There is no indication that the injured worker has a bone infection, cancer, or arthritis, which would need to be assessed using a bone scan. As such, the request is not medically necessary.

**Nuclear med bone scan of pelvis: 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), Hip chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Hip and pelvis, bone scan

**Decision rationale:** The request for nuclear medicine bone scan of the pelvis is not medically necessary. The injured worker was very tender to palpation over the left posterior superior iliac spine and left sacroiliac joint. There was moderate tenderness to palpation to the right posterior superior iliac spine and right sacroiliac joint. The injured worker had positive Patrick's and Gillet's tests. The Official Disability Guidelines note bone scans are recommended in the presence of normal radiographs, and in the absence of ready access to MR imaging capability. Radionuclide bone scans are effective for detection of subtle osseous pathology and, when negative, are useful in excluding bone or ligament/tendon attachment abnormalities. Bone scanning is more sensitive but less specific than MRI. It is useful for the investigation of trauma, infection, stress fracture, occult fracture, Charcot joint, Complex Regional Pain Syndrome, and suspected neoplastic conditions of the lower extremity. There is a lack of documentation indicating the injured worker has had an x-ray which revealed normal findings. There is no indication that MR imaging is not readily available. There is no indication that the injured worker is suspected to have an infection, stress fracture, occult fracture, suspected neoplastic conditions of the lower extremity, or recent trauma. The physician's rationale for requesting a nuclear bone scan was to determine if the injured workers sacroiliac joint is contributing to the injured worker's overall pain. However, there is a lack of documentation indicating the need for a bone scan. As such, the request is not medically necessary.