

<b>Case Number:</b>	CM14-0154903		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Orthopedic Surgery 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 injured worker is a 40-year-old male who reported an injury on 11/18/2013 due to an unknown mechanism. Diagnoses were discogenic back pain and radiculitis, lumbosacral spine. Past treatments reported were medications and physical therapy. Physical examination dated 06/18/2014 revealed complaints of constant pain in the bilateral left greater than right lower back. The injured worker rated the pain an 8/10. There were complaints of numbness in the left leg. The injured worker noted that the pain was worsening. It was reported that the pain travelled into the left buttock, thigh and leg. It was also reported that there was weakness and giving out. Examination of the lumbar spine revealed Lesage's test and Patrick/faber were negative on both sides. Kemp's test/facet was positive on the left. Straight leg raise seated test was positive bilaterally. Straight leg raise supine test was positive bilaterally. Extradural involvement/sciatic tension was positive on the left. Straight leg raise test for pain along the sciatic distribution, likely caused by a herniated disc, was positive on the left. Reflexes were normal bilaterally. Reflexes for hamstrings were normal on the right and diminished on the left. Reflexes for the ankles were normal on the right and diminished on the left. At levels L4-5 and L5-S1, palpation revealed trigger point paraspinal tenderness, muscle guarding and spasms on the left. Palpation revealed moderate spinal tenderness, muscle guarding and spasms that radiated to the left buttocks, on the left. Palpation revealed moderate tenderness at the sciatic nerve on the left. Range of motion for the lumbar spine flexion was to 30 degrees on the right and 60 degrees on the left, lumbar spine extension was 5 degrees on the right, 25 degrees on the left, lumbar spine lateral bending 15 degrees, 5 degrees, and 25 degrees. Treatment plan was to request an MRI of the lumbar spine to rule out herniated nucleus pulposus. The rationale and request for authorization were not submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Magnetic Resonance Imaging (MRI) of the 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

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

**Decision rationale:** The decision for Magnetic Resonance Imaging (MRI) of the Lumbar Spine is not medically necessary. Unequivocal objective findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause magnetic resonance imaging (MRI) for neural or other soft tissue, computer tomography (CT) for bony structures. It was reported in the previous review that the injured worker had an MRI 01/21/2014 that was not submitted or reported for review. There were no "red flag" signs or symptoms reported on the physical examination dated 06/18/2014. There were no other significant factors provided to justify a decision for MRI of the lumbar spine. Therefore, this request is not medically necessary.

### **Chiropractic Therapy 3x3 for the Lumbar Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

**Decision rationale:** The decision for Chiropractic Therapy 3x3 for the Lumbar Spine is not medically necessary. The California Medical Treatment Utilization Schedule states that manual therapy and manipulation is "recommended for chronic pain if caused by musculoskeletal conditions." For the low back, therapy is "recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6 to 8 weeks may be appropriate." Treatment for flare ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle and foot, carpal tunnel syndrome, the forearm, wrist, and hand, or the knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4 to 6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks, and in 8 weeks patients should be re-evaluated. Care beyond

8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. Previous conservative care modalities were not reported. It is unknown if the injured worker had any type of chiropractic sessions prior to this request. There is a lack of current documentation with objective functional deficits, medications, previous conservative care given submitted for review. Therefore, this request is not medically necessary.

**Request for Lumbar Epidural Steroid Injection (LESI): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The decision for request for Lumbar Epidural Steroid Injection (LESI) is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend for an epidural steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDs, and muscle relaxants. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. The request submitted does not indicate the location for the epidural steroid injection. The MRI dated 01/21/2014 was not submitted for review. Also previous conservative care modalities including medications, physical therapy, chiropractic treatments were not submitted as failed. Therefore, this request is not medically necessary.