

<b>Case Number:</b>	CM14-0034879		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	03/08/1998
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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, and is licensed to practice in Texas. 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 50-year-old female who has an industrial injury date of 3/8/98; after carrying a 75 pound bag, she began to feel back pain. Treatment has included acupuncture, physical therapy, three epidural injections, and medications. According to the medical report dated 1/30/14, the patient presents for consultation for chief complaint of low back pain. Following her work injury in March 1998, she was treated conservatively, and was okay for about 8 years after the injury, then she gradually worsened. She has been to the ER/urgent care three times (last on 6/4/13) and was given a toradol injection. Low back pain radiates from the L3-4 level to the hip mainly on the right side; there is burning and muscle spasm with pain up into the thoracic area. She has had deep tissue massage. There has been no recent physical therapy. Epidural steroid had given her some improvement in the past. She presents for evaluation and treatment recommendations. Physical examination documents that the neck has full range of motion, cranial nerves are grossly intact, and grip strength is 60/75 with no lateralizing defect. She has normal sensation in all four extremities, and reflexes are active and symmetric in all extremities. There is loss of normal lordosis, and no limp. Straight leg raise and Patrick's tests are negative bilaterally. She flexes to 30, and she has bilateral lumbar muscle spasm. Lumbar spine x-rays from 1/10/14 showed minimal levoscoliosis and mild degenerative spondylolysis at L3-4 and L4-5. Lumbar MRI is planned. The patient had a new patient pain management consultation on 2/13/14 regarding complaints of lower back pain with on and off radiation to lower extremities. Lower back pain occasionally radiates to hip area and lower extremities. Pain ranges from 6-9, currently 7/10. She reports pain has been severe for the last two months. She reports having had an EMG/NCV in the past. Medications include ibuprofen 800 mg. The patient presents in no acute distress and cervical and thoracic exams are normal. Lumbar/sacral exam reveals flexion and extension are painful at 25/5. There is severe tenderness

in the lower lumbar facet joint with spasm and severe tenderness of SI joint with positive Fabere and Patrick's tests, and moderate tenderness on the bilateral GTB. There is diffuse strength, weakness due to the pain, normal sensation, and equal reflexes of the upper and lower extremities. Diagnoses include rule out lumbar radiculopathy, acute lumbar back pain, and a chronic pain condition. She is recommended to continue conservative treatment to include a home exercise program, moist heat, and stretches. She reports that she had myofascial pain treatment which significantly helped in the past, and such this treatment is requested. Caudal epidural injection is also recommended, and lower lumbar facet and SI joint injections are considered.

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

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

#### **CESI FLUOROSCOPIC GUIDANCE WITH ANESTHESIA: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Epidural steroid injections (ESIS).

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

**Decision rationale:** The California MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical records do not provide corroborative objective findings of active cervical radiculopathy. The medical records do not reveal the presence of any cervical spine or upper extremity complaints nor objective findings that would indicate cervical radiculopathy is present. Lastly, there is no evidence of a neurocompression lesion in the cervical spine. According to the 2/13/14 pain management consultation, a caudal lumbar epidural steroid injections is recommended. However, there is no evidence of neurocompressive lesion present on MRI nor positive electrodiagnostic study. Furthermore, failure or exhaustion of a recent course of conservative care has not been established either. Consequently, the patient is not a candidate for epidural injection procedure. The request is not medically necessary.

#### **16 MYOFASCIAL PAIN RELEASE TREATMENT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

**Decision rationale:** According to the California MTUS guidelines, massage therapy is recommended as an option, this treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. The guidelines state massage

is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. The patient reported that she had benefited from myofascial release treatments in the past. As it appears the patient presents with a recent flare up of lumbar pain, a brief course of this passive therapy, in conjunction with active therapy, such as continued independent exercise program, would be reasonable to ameliorate symptoms. However, the requested 16 treatments is excessive, and not supported by the evidence based literature. Massage is a passive intervention and treatment dependence should be avoided. The medical necessity of this request is not established.