

<b>Case Number:</b>	CM14-0036822		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/13/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 & Rehabilitation 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 63-year-old female who reported an injury on 09/13/2013. The mechanism of injury was not stated. The current diagnoses include degeneration of lumbar intervertebral disc, scoliosis of the lumbar spine, and degenerative spondylolisthesis. The injured worker was evaluated on 06/17/2014 with complaints of left-sided lower back pain and left lower extremity pain. The current medications include Norco 10 mg, Tramadol, Flexeril ER, and Morphine. Previous conservative treatment includes chiropractic therapy. Physical examination on that date revealed 4/5 strength in the left lower extremity, diminished Achilles reflexes bilaterally, diminished knee reflex on the left, and positive straight leg raising on the left. The treatment recommendations at that time included a lumbar epidural steroid injection. It is also noted that the injured worker underwent an MRI of the lumbar spine on 09/20/2013, which indicated severe narrowing of the left neural foramen at L4-5 and moderate narrowing of the left neural foramen at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment & Workman's Compensation (TWC): Physical Therapy Guidelines.

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

**Decision rationale:** The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There was no specific body part listed in the current request. There was also no quantity listed in the current request. As such, the request is not medically necessary.

**Epidural Steroid Injections (ESI) left Lumbar 4-5, Lumbar 5 - Sacral 1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI).

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

**Decision rationale:** The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should also prove initially unresponsive to conservative treatment. As per the documentation submitted, the injured worker has been previously treated with chiropractic therapy and medication management. Physical examination does reveal left lower extremity weakness, diminished reflexes, and positive straight leg raising. The injured worker's MRI of the lumbar spine on 09/20/2013 does reveal evidence of severe neural foraminal narrowing at L4-5 and moderate neural foraminal narrowing at L5-S1. Based on the clinical information received, the current request can be determined as medically necessary in this case. As such, the request is medically necessary.

**Lumbar Sacral Orthosis Brace: Purchase: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): pp. 300.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There was no documentation of significant instability upon physical examination. The medical necessity for the requested durable medical equipment has not been established. As such, the request is not medically necessary.

**Pain Management Consultation with Follow-ups to Manage Narcotic Analgesics: 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)- Treatment & Workman's Compensation (TWC): Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or in agreement to a treatment plan. As per the documentation submitted, the injured worker does currently utilize multiple opioid medications. However, the current request for a pain management consultation and follow-up visits cannot be determined as medically appropriate. Any follow-up visits following the initial consultation would require separate review. Therefore, the request is not medically necessary.