

<b>Case Number:</b>	CM14-0055232		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Interventional Spine 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 62-year-old female with an injury date of 11/18/2013. Based on the 03/18/2014 progress report, the patient complains of pain in her left shoulder, neck, upper back, lower back, right knee/leg, left knee/leg, right ankle, left ankle, and right shoulder. The 02/04/2014 report indicates that the patient has light touch sensation to her right lateral shoulder, right thumb tip, right long tip, right small tip which are all diminished. The patient's diagnoses include the following: 1.Cervical spine disk rupture.2.Thoracic spine disk bulge.3.Lumbar spine disk rupture.4.Right knee strain.5.Left knee strain.6.Right ankle strain.7.Left ankle strain.8.S/P right shoulder surgery.The request is for the following: 1.Lumbar epidural injection.2.Eight-session aqua therapy.3.One pain management.4.One orthopedic followup for neck and lower back.The utilization review determination being challenged is dated 04/01/2014. Treatment reports were provided from 11/18/2013 - 03/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown Lumbar epidural injections:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46,47.

**Decision rationale:** According to the 03/18/2014 progress report, the patient presents with pain in her left shoulder, neck, upper back, lower back, right knee/leg, left knee/leg, right ankle, left ankle, and right shoulder. The request is for a lumbar epidural injection. There is no indication that the patient has had a previous epidural injection. In reference to the epidural steroid injection, MTUS Guidelines states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studies." The treater has not provided any positive exam findings regarding the patient's lumbar spine. In the absence of a clear dermatomal distribution of pain corroborated by an imaging and an examination demonstrating radiculopathy, ESI is not indicated. Furthermore, the treater does not discuss MRI findings and for an ESI, an imaging study must demonstrate nerve root findings that corroborate radicular symptoms. Recommendation is for denial.

**8 Sessions of aqua therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines on aquatic therapy, Physical Medicine Page(s): 22, 98,99.

**Decision rationale:** Based on the 03/18/2014 report, the patient presents with pain in her left shoulder, neck, upper back, lower back, right knee/leg, left knee/leg, right ankle, left ankle, and right shoulder. The request is for 8 sessions of aqua therapy. MTUS page 22 states that aquatic therapy is "recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize effects of gravity, so it is specifically recommended where reduced weight-bearing is desirable, for example, extreme obesity." In this case, there is no documentation of extreme obesity or a need for reduced weight-bearing. There is no discussion as to why the patient cannot tolerate land-based exercises. Recommendation is for denial.

**1 Pain Management Follow up visit:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg.56.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Ch:7 page 127The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict( s) of interest when analyzing causation or when

prognosis, degree of impairment, or work capacity requires clarification. Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient.

**Decision rationale:** Based on the 03/18/2014 report, the patient presents with pain in her left shoulder, neck, upper/lower back, right knee/leg, left knee/leg, right/left ankle, and right shoulder. The request is for one pain management. There is no indication of why the treater is requesting this. ACOEM page 127 states, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from an additional expertise." ACOEM supports specialty consultation, and the patient should be allowed a pain management consultation to address the persistent and chronic pain. Recommendation is for authorization.

### **1 Orthopedic follow up visit for neck and low back: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Ch:7 page 127The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict( s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient.

**Decision rationale:** According to the 03/18/2014, the patient complains of left/right shoulder pain, neck pain, upper/lower back pain, right/left knee/leg pain, and right/left ankle pain. The request is for one orthopedic followup for neck and lower back. ACOEM page 127 states, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from addition expertise." ACOEM supports specialty consultation, and the patient should be allowed an orthopedic consultation. Recommendation is for authorization.