

<b>Case Number:</b>	CM14-0057710		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/26/2010
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Occupational Medicine 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:

This is a 40-year-old male with a 4/26/10 date of injury. The mechanism of injury occurred when he was at a store location moving and lifting boxes weighing approximately 20 pounds each, when he noted increased pain in the lower back. According to a handwritten progress report dated 2/26/14, the patient complained of pain in his upper back, lower back, right knee, and left knee. He complained of new onset numbness of the right and left shoulder blades, shoulder, and arms. He also complained of cervical pain that started about 4 weeks ago. Objective findings were diminished sensation in right mid-anterior thigh, right mid-lateral calf, and right lateral ankle. Diagnostic impression included thoracic spine strain, lumbar spine disc bulges, right knee internal derangement, left knee internal derangement. An magnetic resonance imaging (MRI) of the lumbar spine dated 5/19/10 revealed at L4-L5 there is a disc desiccation with a 3-4mm disc bulge with bilateral facet hypertrophy, at L5-S1 there is a 3mm right paracentral disc protrusion causing right lateral recess narrowing, At T12-L1, there is a less than 2 mm disc bulge. An MRI of the lumbar spine dated 10/2/13 revealed at L5-S1 there is a 2.8 mm broad-based central disc protrusion that effaces the thecal sac and combined with facet hypertrophy narrows the neural foramina resulting in effacement of the right and encroachment of the left exiting nerve roots, at L4-5 there is a 2.5 mm central disc protrusion that effaces the thecal sac, mild discogenic spondylosis at L4-S1, 17 mm right 14 mm Tarlov's cyst. Treatment to date has been medication management, activity modification, shockwave therapy, and physical therapy. A UR decision dated 4/7/14 denied the requests for physical therapy of the lumbar spine and lumbar discogram. Regarding physical therapy, the claimant has completed numerous physical therapy visits for this injury without documented benefit. In order to justify additional therapy, the benefits of prior treatment need to be clearly documented. Regarding lumbar discogram, discography is not

recommended as a pre-operative indication and it can actually produce significant symptoms in controls more than a year later.

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

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

#### **Physical therapy lumbar spine 2 times 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 Pain, Suffering, and the Restoration of Function, page 114 Official Disability Guidelines (ODG), Low Back Chapter.

**Decision rationale:** The CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. The Official Disability Guidelines (ODG) low back chapter supports a total of 10 physical therapy visits over 5 weeks for lumbar sprains and strains. According to the reports reviewed, the patient has had a significant number of previous physical therapy sessions, however, the number of total sessions was not provided. In addition, there is no documentation of functional improvement or improved activities of daily living from prior physical therapy. It is unclear why the patient has not been able to transition to a home exercise program at this time. Therefore, the request for physical therapy lumbar spine 2 times 6 was not medically necessary.

#### **Lumbar discogram L3-4 and L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-05.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**Decision rationale:** MTUS states that recent studies on discography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. In addition, Official Disability Guidelines (ODG) states that provocative discography is not recommended because its diagnostic accuracy remains uncertain, false-positives can occur in persons without low back pain, and its use has not been shown to improve clinical outcomes. There is no evidence that the patient would meet surgical fusion criteria. A psychological

clearance was not obtained. A specific rationale identifying why this procedure is required in this patient despite lack of guideline support was not provided. Therefore, the request for Lumbar discogram L3-4 and L4-5 was not medically necessary.