

<b>Case Number:</b>	CM14-0071150		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	07/03/2012
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 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 47-year-old male who sustained work-related injuries on July 3, 2012. Per medical records dated November 13, 2012, the injured worker reported that he completed his physical therapy and overall his condition has improved. As per November 28, 2012 report, he complained of dull ache in the lower lumbar region but considered it to be minimal. Pain was worst in the morning but was improved with activity. He also noted tingling and stiffness and rated his pain at 5-6/10. He also noted moderate pain with prolonged sitting. Pain has not resolved. A magnetic resonance imaging scan showed 5.6mm posterior left paramedian disc protrusion L5-S1 and 5.5 posterior disc extrusion L2-3. He underwent Pre-operative History and Physical Examination on August 5, 2013 which listed the following problems: diabetes mellitus, hyperlipidemia, and degenerative disc disease (lumbar). He was determined to be stable to undergo lumbar microdecompression. Operative report dated August 19, 2013 notes that he underwent lumbar surgery and was diagnosed with left-sided disk herniation L2-L3, L5-S1 and lateral recess stenosis. October 9, 2013 report indicates that the injured worker is status post lumbar decompression and microdiscectomy performed in August 19, 2013 but was still having moderated back pain rated at 6/10. He reported that his symptoms were gone but still felt to have discogenic pain. He was still wearing a brace and physical therapy sessions have not been ordered at this point. On January 15, 2014, the injured worker reported that he has been doing fairly well and was tolerating pain at this point. He has returned to light duty work however he still has stiffness and ache to the lumbar spine but does feel he was improving. He reported weaning off from his medications. He reported that pain was located into the central and lumbar spine. Most recent progress notes dated March 5, 2014 documented that the patient had been doing fairly well but was struggling with increased lumbar spine pain rated at 4-6/10. He noted pain with prolonged sitting and transitioning with positions. He does take occasional oxycodone

15 milligrams for pain. X-rays were reviewed and revealed some increased degenerative disk disease of the lumbar spine. Physical examination did not note any abnormalities. He was recommended to return back to full duty on March 25, 2014.

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

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

**MRI Lumbar spine with no contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back -Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (Magnetic Resonance Imaging).

**Decision rationale:** Evidence-based guidelines indicate that although MRI scan is excellent at defining tumor, infection, and nerve compression, it is regarded to be too sensitive with regard to degenerative disease findings and commonly displays pathology that is not responsible for the patient's symptoms. In this case, the injured worker as per recent medical dated March 5, 2014 documented an increase in lumbar spine rated at 4-6/10 and would further increase with prolonged sitting and transitioning with positions. He is also noted to be status post L2-L3 left sided microdiscectomy and L5-S1 microdiscectomy performed in August 19, 2013. However, recent x-rays indicated that he has some increased degenerative disk disease of the lumbar spine and physical findings did not note any abnormalities specifically those that are neurological in nature. Despite of the fact that the injured worker had undergone lumbar spine surgery in August 2013, his most recent clinical presentation is not sufficient to warrant an MRI scan of the lumbar spine. Most recent radiographs only presented degenerative changes which can be considered congruent to his current symptoms and physical examination findings which do not necessarily indicate any significant findings. Moreover, red flags are not noted. Based on this information, the medical necessity of the requested MRI scan of the lumbar spine is considered to be not medically necessary at this time.

**Medrol Dosepak:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines Low Back - Lumbar & Thoracic, Corticosteroids (oral/parenteral/IM for low back pain).

**Decision rationale:** Evidence-based guidelines indicate that Medrol dosepak, methylprednisolone, is generally classified as a corticosteroid. This medication is not recommended for acute non-radicular pain or chronic pain and that treatment in the chronic phase should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. Evidence-based guidelines also indicate that there is no information on the efficacy and safety of systemic corticosteroids in chronic pain, given their serious side effects, they should be avoided. In this injured worker's case, most recent medical records indicate although the injured worker is complaining of increased low back pain, objective findings did not note any abnormalities. Based on the lack of sufficient information that would warrant use of oral corticosteroids and the serious risks involved with this medication, the medical necessity of the requested medication is not established.

**16 physical therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Physical therapy (PT).

**Decision rationale:** Based on the records provided, the injured worker's condition is long past due from the post-operative rehabilitation period. Records indicate that he is noted to have at least 24 physical therapy sessions after undergoing lumbar surgery in August 2013. Moreover, records also indicate that last certification of 12 additional physical therapy sessions were authorized on January 31, 2014. Most recent medical records document that although the injured worker stated that he felt his condition has somewhat improved and has returned to fully work duties he is noted to be still utilizing pain medications (e.g. oxycodone) for pain management. In addition, his pain condition is considered to be chronic and therefore he should have been transitioned to active therapy modalities (e.g. exercise, education, and activity modification) which are documented to produce more significant outcome. With the number of physical therapy sessions afforded to him, it is expected that he can do home exercise program by himself or without too much supervision. Based on this information, the medical necessity of the requested 16 physical therapy sessions is not established.