

<b>Case Number:</b>	CM14-0073833		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/09/2009
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Pain Management 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 male patient with the date of injury of November 9, 2009. A Utilization Review was performed on April 17, 2014 and recommended non-certification of physical therapy 2x6 lumbar spine, lumbar x-rays, bilateral L4-5 transforaminal nerve block, and bone growth stimulator. A Progress Note dated March 31, 2014 identifies burning pain, right greater than left, in the anterior thighs. Pain is temporarily relieved by physical therapy. Physical Exam identifies patient is wearing clamp-shell brace and ambulating on front wheel walker. X-rays were performed on March 31, 2014 and revealed stable fusion instrumentation at L4-L5. Assessment identifies chronic neuropathic pain from L4 nerve root injury. Plan identifies recommend an extension on physical therapy and a bone stimulator to expedite fusion process and bone growth. Patient could also benefit from an L4-L5 bilateral transforaminal nerve block for radicular symptom relief in lower extremities. Another set of x-rays is recommended in 3 months for follow up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 6 lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment In Worker's Compensation

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** Regarding the request for physical therapy two times six lumbar spine, California Medical Treatment Utilization Schedule (MTUS) supports up to 34 sessions after lumbar fusion, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation available for review, there is documentation of previous physical therapy having been completed. However, the number of session completed is unknown. In addition, there is no indication that previous physical therapy has provided functional improvement, and no statement indicating why an independent home exercise program, would be insufficient to address any remaining functional deficits. In light of the above, the currently requested physical therapy two times six for the lumbar spine is not medically necessary.

**Lumbar x-rays:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Worker's Compensation

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Radiography (X-rays) Other Medical Treatment Guideline or Medical Evidence: OFFICIAL DISABILITY GUIDELINES: Minnesota

**Decision rationale:** Regarding the request for lumbar x-rays, California Medical Treatment Utilization Schedule (MTUS) does not include any guidelines regarding the use of postoperative x-rays. Official Disability Guidelines (ODG) recommends x-rays to evaluate the status of a fusion. Official Disability Guidelines: Minnesota state that repeat imaging of the same views of the same body part with the same imaging modality is not indicated except as follows: to diagnose a suspected fracture or suspected dislocation, to monetary therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings, to evaluate a new episode of injury or exacerbation which in itself would warrant an imaging study, when the treating healthcare provider and a radiologist from a different practice have reviewed a previous imaging study and agree that it is a technically inadequate study. Within the documentation available for review, the patient underwent x-rays on March 31, 2014. The fusion was noted to be stable. There is no indication as to why repeat imaging would be necessary for this patient without any symptoms or findings documented. In the absence of such documentation, the currently requested repeat lumbar x-rays is not medically necessary.

**Bilateral L 4-5 transforaminal nerve block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Worker's Compensation

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20-9792.26 - Epidural steroid injections (ESIs) P.

**Decision rationale:** Regarding the request for bilateral L4-5 transforaminal nerve block, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested bilateral L4-5 transforaminal nerve block is not medically necessary.

**Bone growth stimulator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Worker's Compensation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Bone growth stimulators (BGS)

**Decision rationale:** Regarding the request for a bone growth stimulator, California Medical Treatment Utilization Schedule (MTUS) does not address the issue. Official Disability Guidelines (ODG) cites that bone growth stimulation is supported in the presence of at least 1 risk factor for failed fusion: One or more previous failed spinal fusion(s); Grade III or worse spondylolisthesis; Fusion to be performed at more than one level; Current smoking habit; Diabetes, Renal disease, Alcoholism; or Significant osteoporosis which has been demonstrated on radiographs. Within the documentation available for review, there is no documentation that any of these risk factors are present. In addition, x-rays revealed that the fusion is stable. In light of such issues, the currently requested bone growth stimulator is not medically necessary.