

<b>Case Number:</b>	CM14-0083482		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	12/30/2013
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Anesthesiology 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 57 year old male who sustained an injury to his low back on 12/30/13 while walking on uneven asphalt, he tripped and fell down onto his side, injuring his low back. Physical examination noted range of motion restricted due to pain; some paraspinal muscle spasticity and tenderness; no echymosis or swelling; negative straight leg raise bilaterally; motor strength 5/5 in the bilateral lower extremities; deep tendon reflexes symmetric; sensation intact. Diagnostic imaging demonstrated degenerative changes in the lumbar spine and marginal osteophytes throughout the entire segment, but reasonable maintenance of lordosis and no spondylolisthesis noted; there was good coronal alignment as well. MRI of the lumbar spine dated 05/14/14 revealed congenitally narrow appearance of the spinal canal on the basis of short pedicles; superimposed degenerative spondylosis resulting in mild canal canal narrowing at L3-4 and L4-5; mild bilateral neural foraminal narrowing at L3-4 and L4-5; mild left and moderate right neuroforaminal narrowing 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 X 12:** 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 section on Physical Medicine Page(s): 98-99.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend up to 10 visits over eight weeks for the diagnosed injuries with allowing for fading of treatment frequency, from up to three visits per week to one or less, plus active self-directed home physical therapy. There was no indication that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information provided for review that would support the need to exceed the MTUS Chronic Pain Guidelines recommendation, either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for review, the request is not medically necessary and appropriate.

**LUMBAR SPINE EPIDURAL STEROID INJECTION AND FACET INJECTION L2-S1, BILATERALLY L3-L4, L4-L5, AND L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Occupational Disability Guidelines (ODG) online, 4th edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The MTUS Chronic Pain Guidelines states that radiculopathy must be documented by physical examination corroborated by imaging studies and/or electrodiagnostic testing. There were no physical examination findings that would correlate with imaging studies of an active radiculopathy at any level in the lumbar spine. The ODG also states that the current research does not support a 'series of three' injections in either the diagnostic or therapeutic phase. We recommend no more than two epidural steroid injections. There was no additional information that would support the need for facet injections to be performed concurrently with epidural steroid injections. Given the clinical documentation submitted for review, the request is not medically necessary and appropriate.

**PREOPERATIVE TESTING (LABS (UNSPECIFIED) AND ECG):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Textbook of Medicine, Washington Manual of Medical Therapeutics.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines does not require these diagnostic studies to be performed prior to an epidural steroid injection. There was no additional significant objective clinical information provided that would support the need to exceed the MTUS Chronic Pain Guidelines recommendation. Given the clinical documentation submitted for

review, medical necessity of the request for preoperative testing (labs (unspecified) and ECG) has not been established.