

<b>Case Number:</b>	CM14-0195406		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 and Arizona. 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 55-year-old female who reported an injury on 06/03/2013. The mechanism of injury was reported as a fall. Her diagnoses included lumbar disc displacement without myelopathy, cervicalgia, and arthropathy not otherwise specified of shoulder. Her past treatments have included work modifications, medications, exercise, ice and heat. Diagnostic studies include an x-ray of the lumbar spine; and an magnetic resonance imaging of the lumbar spine without contrast performed on 05/01/2014, with the impression of (1) No acute fractures or spondylolisthesis. (2) Left paracentral disc bulge at L4-5 leading to minimal encroachment on the spinal canal and left neural foramen. Evidence of annular fiber tear along the disc bulge. (3) Left paracentral disc bulge at L5-S1 without significant encroachment on the spinal canal. Minimal stenosis of the bilateral neural foramina. Her surgical history was noncontributory. At an examination on 10/16/2014, the injured worker complained of neck, lower back, and left shoulder pain. The injured worker rated her pain a 9/10. Upon physical examination of the cervical spine, range of motion was restricted upon flexion to 20 degrees, extension to 20 degrees, right lateral bending to 30 degrees, lateral rotation to the right was limited to 45 degrees, left lateral bending to 30 degrees, and lateral rotation to the left at 30 degrees. Upon physical examination of the lumbar spine, tenderness to palpation was noted to the paravertebral musculature bilaterally. Spinous process tenderness was noted on L4 and L5. Straight leg raise test was positive bilaterally at 90 degrees in the sitting position. Upon sensory examination, light touch sensation was decreased over the injured worker's medial calf, lateral calf, medial forearm, and lateral forearm on the left side. Her current medications include cyclobenzaprine 7.5 mg, fenoprofen calcium 400 mg, hydrocodone/acetaminophen 2.5/325 mg, omeprazole 20 mg, and sennosides 8.6 mg. The treatment plan included the patient to continue her medications, ice, heat, and exercise. The rationale for the request for a lumbar support was to assist the injured

worker to decrease her pain and improve function. A Request for Authorization form signed and dated 10/17/2014 was provided within the submitted documentation for review.

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

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

#### **Transforaminal ESI L4-5 and S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

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

**Decision rationale:** The request for transforaminal ESI L4-5 and S1 is not medically necessary. The injured worker has radiating low back pain. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies, the patient is initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs and muscle relaxants), and injections should be performed using fluoroscopy for guidance. The documentation submitted for review provides evidence of radiculopathy documented by physical examination and corroborated by magnetic resonance imaging studies. Clinical documentation submitted further notes that the patient failed physical therapy after 1 month, due to pain. However, the request as submitted did not indicate that the injection would be performed using fluoroscopy for guidance. In absence of the aforementioned documentation, the request does not support the evidence based guidelines. As such, the request for transforaminal ESI L4-5 and S1 is not medically necessary.

#### **Durable medical equipment (DME): Lumbar Brace: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The request for Durable medical equipment (DME): lumbar brace is not medically necessary. The injured worker has radiating low back pain. The California ACOEM Guidelines do not recommend lumbar supports beyond the acute phase of a lumbar injury. The documentation submitted for review indicated that the injured workers back pain was beyond the acute phase as her date of injury was 06/03/2013. As such, the request for DME: lumbar brace is not medically necessary.

#### **Eight acupuncture treatment sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request for 8 acupuncture treatment sessions is not medically necessary. The injured worker has radiating low back pain. The California MTUS Acupuncture and Medical Treatment Guidelines recommend acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The clinical documentation as submitted noted that the injured worker was to continue her exercises as part of her treatment plan. However, the guidelines state that time to produce functional improvement is 3 to 6 treatments. Therefore, the request of 8 acupuncture treatment sessions is excessive and would not allow for reassessment to establish functional improvement prior to continuing with treatment. Additionally, the request as submitted did not indicate the areas of the body to be treated with acupuncture. As such, the request for 8 acupuncture treatment sessions is not medically necessary.

**Eight chiropractic treatment sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 58-60.

**Decision rationale:** The request for 8 chiropractic treatment sessions is not medically necessary. The injured worker has radiating low back pain. The California MTUS Guidelines recommend chiropractic therapy for chronic pain if caused by musculoskeletal conditions. For low back pain, it is recommended as an option with a trial of 6 visits with evidence of functional improvement. A total of up to 18 visits may be recommended. However, the request as submitted exceeds the recommended guidelines of an initial trial of 6 visits over 2 weeks. As such, the request for 8 chiropractic treatment sessions is not medically necessary.