

<b>Case Number:</b>	CM14-0207716		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Rehab, has a subspecialty in Pain 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:

The injured worker is a 53 year-old male with a date of injury of August 8, 2013. The patient's industrially related diagnoses include sprain of lumbar spine, sprain/strain of both ankles, left knee abrasion, bilateral knee contusion, sprain/strain of wrist and hands, left elbow contusion, and left elbow abrasion. Results of an MRI of lumbar spine on 6/23/2014 showed 6x6x5 mm contained central L5-S1 disc extrusion may affect traversing s1 nerves, grade 1 retrolisthesis without spondylolysis, degenerative changes of the lumbar spine on a background of mild epidural lipmatosis, mild to moderate canal stenosis L4-L5 due to epidural fat thecal sac, partially effaced to 6 mm. An EMG/NCV on 7/31/2014 showed no evidence of entrapment neuropathy but it did show mild polyneuropathy affecting both peroneal motor nerves and no acute denervation in the lumbar paraspinous musculature to suggest an acute lumbar radiculopathy. The disputed issues are twenty-four physical therapy visits for the lumbar spine, 2 x 12, lumbar facet injection at the left L4-L5, and functional capacity evaluation consult for the lumbar spine. A utilization review determination on 11/13/2014 had non-certified these requests. The stated rationale for the denial of physical therapy was: "The information submitted in this case reflects that the claimant has completed 4 physical therapy sessions in the past; however, it is not clear when this was last performed. The claimant's response to prior completed sessions is not noted as well. Furthermore, it is noted that the claimant shows poor compliance with prior care. Hence, medical necessity of this request is not established." The stated rationale for the denial of the facet injection was: "While it is noted in this case that the claimant reports ongoing lumbar pain despite prior care, there are no meted facet-related findings on the most current exam including facet tenderness and positive provocative tests to support the need of requested invasive procedure. Furthermore, ongoing radicular symptoms are noted. Hence, the medical necessity of this request is not established." Lastly, the stated rationale for the denial of

functional capacity evaluation consultation was: "In this case, the provider currently requests authorization for functional capacity evaluation consultation for the lumbar spine. However, it is also unclear in the records submitted if the claimant has already reached maximum medical improvement as the claimant only received minimal treatment to date. There are also limited details regarding the claimant's nature of work/job description as a truck driver and job requirements. Non-certification is recommended."

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

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

#### **Twenty-Four physical therapy visits for the lumbar spine, 2 x 12: Upheld**

**Claims Administrator 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), Physical Therapy 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 Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for twenty-four physical therapy visits for the lumbar spine, 2 x 12, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation that the injured worker started his first course of physical therapy on 8/19/2014 and completed 3 sessions with documentation of no change in functional level. The injured worker started another course of physical therapy on 10/1/2014 and only completed 1 session at that site, but there was no documentation of specific objective functional improvement with that previous session either. At the time of the request, the injured worker continued to have low back pain with objective deficits on physical exam; therefore, completion of the initial 6 visit physical therapy course is an option. However, the request exceeds the amount of PT recommended by the CA MTUS for the injured worker's diagnoses and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested twenty-four physical therapy visits for the lumbar spine is not medically necessary.

#### **Lumbar facet injection at the left L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC Low Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Injections Topic.

**Decision rationale:** Regarding the request for lumbar facet injections, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if the clinical presentation is consistent with facet joint pain such as tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, there are no recently documented objective examination findings supporting a diagnosis of facetogenic pain such as tenderness to palpation over the lumbar facets. Additionally, the injured worker provided subjective complaints of pain radiating into the left leg with numbness, and physical exam noted subjective numbness in the left leg below the knee, predominantly in the middle toes (not the small or big toe). The treating physician requested an epidural injection to address those symptoms, which was certified on 11/13/2014. Guidelines do not support the use of facet injections in patients with abnormal neurologic examinations and radicular findings. In light of these issues, the currently requested lumbar facet injections are not medically necessary.

**Functional capacity evaluation consult for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC Fitness for Duty Procedure Summary, Guidelines for performing an FCE

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation; American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Pages 137-138.

**Decision rationale:** Regarding the request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there was no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. In the neurosurgical consultation report dated 10/24/2014, there was documentation that the injured worker has had minimal treatment to date and recommended physical therapy, facet blocks, and epidurals. As such, the currently requested functional capacity evaluation is not medically necessary at this time.

