

<b>Case Number:</b>	CM15-0006819		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/07/2004
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56-year-old male who reported an injury on 04/07/2004 due to cumulative trauma while performing normal job duties. The injured worker underwent an agreed medical evaluation on 03/19/2009. It was noted that the injured worker had reportedly sustained an injury to the bilateral shoulders. At that time, the injured worker was taking medications, to include Vicodin, naproxen, carisoprodol, omeprazole, diazepam, and lidocaine patches. Physical findings included restricted range of motion of the bilateral shoulders with decreased reflexes in the biceps, brachioradialis, and triceps tendons. No recent or updated information was provided to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) of the lumbar spine without 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 Chapter, MRI's

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The requested MRI (magnetic resonance imaging) of the lumbar spine without contrast is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends MRIs for injured workers who have neurological deficits that have failed to respond to conservative treatment. The clinical documentation submitted for review does not provide any current information to support that the injured worker has neurological deficits of the lumbar spine that would benefit from an imaging study. Additionally, there is no documentation of recent conservative care to the lumbar spine. As such, the requested MRI of the lumbar spine without contrast is not medically necessary or appropriate.

**Lumbar epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

**Decision rationale:** The requested lumbar epidural steroid injection is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends epidural steroid injections for injured workers who have radicular symptoms consistent with pathology identified on an imaging study that has failed to respond to conservative treatment. The clinical documentation does not provide any recent documentation of radicular symptoms to support the need for an epidural steroid injection. Additionally, there was no documentation that the injured worker has undergone an MRI due to neurological deficits. There is no recent documentation that the injured worker has failed to respond to conservative treatment. Additionally, the request as it is submitted does not identify a laterality or level of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested lumbar epidural steroid injection is not medically necessary or appropriate.

**Physical therapy 2 times a week for 3 weeks for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The requested physical therapy 2 times a week for 3 weeks for the lumbar spine is not medically necessary or appropriate. The California MTUS recommends up to 8 to 10 visits of physical therapy for myofascial, radicular, and neuropathic pain. However, there is no updated information to support physical findings that would require supervised physical therapy. The clinical documentation does not provide any significant deficits or justification for

the need of supervised therapy over a self-managed independent exercise program. As such, the requested physical therapy 2 times a week for 3 weeks for the lumbar spine is not medically necessary or appropriate.

**Specialty evaluation Spine TOC (transfer of care) for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 7, page(s) 124.

**Decision rationale:** The requested specialty evaluation spine transfer of care for the lumbar spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends specialty evaluations for injured workers who have a complex diagnosis that require additional expertise to assist with treatment planning and diagnosing of the injured worker. The clinical documentation does not provide an updated evaluation to support that the injured worker's treatment has exhausted the scope of practice of the treating provider. Additionally, there is no indication that the injured worker requires additional expertise from a specialist. As such, the requested specialty evaluation spine transfer of care for the lumbar spine is not medically necessary or appropriate.