

<b>Case Number:</b>	CM15-0009815		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	11/14/2007
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: New York  
 Certification(s)/Specialty: Internal Medicine

### 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 patient is a 57 year old female who sustained a work related injury to her neck, ankle, right knee and lower back from a fall on November 14, 2007. The injured worker underwent right foot and ankle surgery with hardware on October 16, 2013 and right knee meniscectomy and chondroplasty on July 10, 2014. According to the primary treating physician's progress report and examination on December 10, 2014, the patient has moderately restricted range of motion due to pain of the lumbar spine in all planes. The injured worker was diagnosed with cervical strain, cervical spondylosis, lumbar strain and lumbar spondylosis. A magnetic resonance imaging (MRI) of the lumbar spine performed on November 17, 2014 noted a slight disc bulge and facet hypertrophy without canal or foraminal narrowing at L4-L5 and a small central protrusion with facet hypertrophy without canal or foraminal stenosis or nerve root impingement. Treatment modalities have consisted of physical therapy, chiropractic therapy, back and knee braces, custom orthotics, medication and home exercise program. Current medications are Celebrex and Norco. The treating physician requested authorization for Lumbar epidural steroid injection (ESI), right L5-S1; Physical Therapy, lumbar 3 times a week for 6 weeks; Norco # 60; Celebrex # 30. On December 30, 2014 the Utilization Review denied certification for Lumbar epidural steroid injection (ESI), right L5-S1; Physical Therapy, lumbar 3 times a week for 6 weeks; Norco # 60; Celebrex # 30. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG).

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lumbar epidural steroid injection, right L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Table 12-8, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** MTUS recommends Epidural steroid injections (ESIs) as an option for short-term treatment of radicular pain, in conjunction with other rehabilitation efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging. The injured worker complaints of low back pain radiating down right leg and documentation shows there is no associated lower extremity numbness. Physical examination fails to show evidence of radiculopathy. Lumbar spine MRI reveals slight L4-L5 disc bulging without foraminal stenosis or evidence of nerve root impingement. With lack of physical examination or imaging report showing evidence of radiculopathy, the request for Lumbar epidural steroid injection, right L5-S1 is not medically necessary.

### **Physical therapy, lumbar 3 x 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and Restoration of Function Chapter, page 114.

**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) Physical Therapy Chapter.

**Decision rationale:** MTUS and ODG guidelines recommend 10 physical therapy visits over 8 weeks for medical management of Lumbar sprains and strains and Intervertebral disc disorders without myelopathy. As time goes, one should see an increase in the active regimen of care or decrease in the passive regimen of care and a fading of treatment of frequency (from up to 3 or more visits per week to 1 or less). When the treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. As time goes, one should see an increase in the active regimen of care or decrease in the passive regimen of care and a fading of treatment of frequency. The injured worker has had 18 visits of Physical Therapy following right knee surgery and notes indicated complaints of compensatory back pain. Diagnoses include lumbar strain and lumbar spondylosis, with complaints of low back pain radiating to the right leg. The injured worker has been prescribed a Home exercise program. The current request for Physical therapy, lumbar 3 x 6 weeks exceeds the recommended number of visits and documentation fails

to show any exceptional factors. With MTUS guidelines not being met, the request for Physical therapy, lumbar 3 x 6 weeks is not medically necessary.

**Norco #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

**Decision rationale:** MTUS states that opioids are not generally recommended as a first-line therapy for some neuropathic pain. When prescribed, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no improvement in pain and function. Physician reports indicate urine drug screen is consistent, but there is lack of documentation regarding increased level of function, medication side effects or improved quality of life. The request for Norco #60 is not medically necessary by MTUS.

**Celebrex #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter: FDA (Celebrex).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Celebrex is a nonsteroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor. Unlike other NSAIDs Celebrex does not appear to interfere with the antiplatelet activity of aspirin and is not associated with gastrointestinal bleeding. Use of Cox 2 inhibitors (Celebrex) is recommended as an alternative in patients who could benefit from NSAID use, but are at risk for gastrointestinal events, such as bleeding. Documentation fails to show that the injured worker has history of significant gastrointestinal events to justify the ongoing use of Celebrex. Being that MTUS guidelines have not been met, the request for Celebrex #30 is not medically necessary.