

Case Number:	CM15-0193425		
Date Assigned:	10/07/2015	Date of Injury:	01/07/2014
Decision Date:	12/17/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/01/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 35 year old male who sustained an industrial injury on 1-7-14. A review of the medical records indicates he is undergoing treatment for lumbar radiculopathy, lumbar degenerative disc disease, lumbar facet pain, sleep disorder, and mood disorder. Medical records (8-27-15) indicate ongoing complaints of low back pain with radiation to the left lower extremity. He reports associated numbness in the left lower extremity. He rates the pain "6 out of 10" and describes it as "burning and sharp". He reports that the pain is made worse by lifting, carrying, walking, and standing. It is made better by rest and medications. The physical exam reveals that the injured worker stands in a "forward-leaning" posture. He is noted to favor his left lower extremity and uses a cane. The treating provider indicates that flexion and extension are "severely limited due to pain", noting "he cannot achieve more than 20-30 degrees in either direction". The report indicates "positive neural tension signs on the left" and "he is unable to perform even the most gentle of demonstrations of strength in his left lower extremity". Numbness is noted in the L5 versus S1 distribution. Tenderness to palpation is noted throughout the lumbar spine and paraspinal muscles. "Diffuse myofascial tension" and "identifiable trigger points" are noted. Diagnostic studies have included an MRI of the lumbar spine, showing right paramedian protrusion at L5-S1 causing nerve impingement of the exiting right S1 nerve root with disc protrusion measures 5 millimeters. Treatment has included physical therapy and one lumbar epidural steroid injection, as well as participation in a functional restoration program. The injured worker reports limitations in activities of daily living including working outdoors on flat ground, climbing one flight of stairs, and engaging in sexual activity. The treating provider indicates that the injured worker is not "permanent and stationary". However, it is

unclear if he is currently (8-27-15) working. The treatment recommendations are for an x-ray of the lumbar spine, an MRI of the lumbar spine, EMG-NCV of bilateral lower extremities, spine surgery consultation, repeat epidural steroid injection at the left L5-S1, S1, 10 additional sessions of physical therapy, and a cognitive behavioral therapy consult. The utilization review (9-18-15) indicates denial of the spine surgeon consultation, MRI of the lumbar spine, lumbar epidural steroid injection, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation with spine surgeon 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 Chapters 5 and 7.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Follow-up Visits.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a spinal surgery consultation for this patient. The clinical records submitted do not support the fact that this patient has been documented to have recent neural disease requiring consultation. The California MTUS guidelines address the issue of consultants for back and neck related pain by stating: If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps. The medical records supports that this injured worker suffered an industrial accident with chronic lumbar back pain. Physical signs of acute tissue insult or nerve impairment are not documented with MRI or EMG studies or NCV results to demonstrate nerve impairment. Therefore, based on the submitted medical documentation, the request for spinal surgeon consultation is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a lower back (lumbar spine) MRI for this patient. The MTUS guidelines recommend that: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant

surgery. In this patient's case, the patient's physical exam does not document any red flag symptoms (bowel/bladder incontinence, saddle anesthesia, fevers) or new neurologic deficits to warrant a lower back MRI study. The patient's complaints of pain are subjective and not in a radicular distribution. Furthermore, the patient has not had worsening or deteriorating disease to justify a repeat MRI since the patient's prior study. Therefore, based on the submitted medical documentation, the request for a MRI of the lumbar spine is not medically necessary.

Lumbar epidural steroid injection left L5-S1, S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Per the California MTUS Chronic Pain Treatment Guidelines, epidural steroid injections are Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Per MTUS criteria, Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This patient has not been demonstrated to having clear radiculopathy present on imaging and documented on physical exam in a lumbar distribution. Furthermore, results of an EMG supporting the patient's neurologic complaints are also not documented. Hence, the procedure is not indicated by MTUS guidelines. Therefore, based on the submitted medical documentation, the request for an epidural steroid injection is not medically necessary.

Physical therapy to the lumbar spine 2 times a week for 5 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of physical therapy for this patient. The California MTUS Guidelines for physical medicine state that: Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Guidelines also state that practitioners should, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. This patient has previously had physical therapy, but now his physician is requesting an additional sessions. The guidelines recommend fading of treatment frequency with transition to a home exercise program, which this request for a new physical therapy plan does not demonstrate. Clear documentation of functional improvement, including the results of the patient's prior functional improvement program are not described in the medical records submitted. In order for further therapy to be necessary, clear improvement with functional benefit must be documented. Therefore, based on the submitted medical documentation, the request for physical therapy is not medically necessary.