

<b>Case Number:</b>	CM15-0224656		
<b>Date Assigned:</b>	11/23/2015	<b>Date of Injury:</b>	05/26/2014
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 39 year old male, who sustained an industrial injury on 5-26-2014. The injured worker was being treated for an annular tear. The injured worker (8-26-2015) reported chronic pain in the neck, low back and left leg. The treating physician noted the injured worker reported worsening of his symptoms, but was otherwise nonspecific. He reported the neck to arm pain ratio as 80% neck and 20% arm pain. The subjective pain rating for the back and left leg was not included in the treating physician's progress report. The physical exam (8-26-2015) revealed normal lumbar range of motion, except for limitation of extension. The treating physician noted decreased sensation of the S1 (sacral 1) in the left lower extremity. The physical exam did not include an assessment of the cervical spine. The injured worker (10-7-2015) reported chronic pain in the low back and left leg, which was unchanged. He reported the neck to arm pain ratio as 70% neck and 30% arm pain and the back to leg pain ratio as 60% back and 40% leg pain. The treating physician's progress report (10-28-2015) did not include documentation of a physical exam. The injured worker (10-28-2015) reported worsening of his chronic pain in the low back and both legs with severe back spasms. He reported the neck to arm pain ratio as 80% neck and 20% arm pain and the back to leg pain ratio as 80% back and 20% leg pain. The treating physician's progress report (10-28-2015) did not include documentation of a physical exam. The MRI of the lumbar spine (9-15-2015) stated that at L4-5 (lumbar 4-5) there was disc desiccation, a 5 mm left paracentral disc protrusion causing moderate to severe left lateral recess narrowing and mild central canal stenosis, and a probable mass effect on the traversing L5 nerve root. The MRI stated there was mild right greater than left neural foraminal

narrowing and hypertrophic facet degenerative changes at L4-5 and moderate bilateral hypertrophic facet degenerative changes at L5-S1 (lumbar 5-sacral 1). The electromyography and nerve conduction velocity studies in the bilateral lower extremities (10-6-2015) stated their studies were consistent with chronic left L4 and L5 radiculopathy. Treatment has included physical therapy, chiropractic therapy, cervical and lumbar epidural steroid injections, work modifications and non-steroidal anti-inflammatory medication. Per the treating physician (10-28-2015 report), the injured worker was temporary totally disabled. On 11-2-2015, the requested treatments included Medrol and 18 sessions of physical therapy for the lumbar spine. On 11-10-2015, the original utilization review non-certified a request for Medrol and modified a request for 18 sessions of physical therapy for the lumbar spine.

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

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

**Medrol, prescription:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) - Corticosteroids.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-Corticosteroids (oral/parenteral/IM for low back pain).

**Decision rationale:** Medrol, prescription is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that there is limited research-based evidence for using oral corticosteroids for low back pain. The ODG states that risks of steroids should be discussed with the patient and documented in the record; the patient should be aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record; and treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. The documentation does not reveal that there has been a symptom free period for this patient therefore the request for a Medrol prescription is not medically necessary.

**Physical therapy, lumbar spine, 18 sessions:** 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:** Physical therapy, lumbar spine, 18 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition and the request exceeds this recommended number. There are no extenuating factors which would necessitate exceeding the MTUS recommended number of

visits for this patient's condition therefore the request for 18 more supervised therapy visits is not medically necessary.