

<b>Case Number:</b>	CM15-0060630		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59 year old female sustained an industrial injury on 8/21/13. She subsequently reports low back pain. Diagnoses include lumbosacral spondylosis. Diagnostic testing has included MRIs. Treatments include injections, physical therapy and prescription pain medications. The injured worker continues to experience clenching of his jaw that increases muscle tension. A request for Outpatient MRI of the lumbar spine, Outpatient lumbar medial branch block at bilateral L3, L4 and L5 under fluoroscopic guidance and Outpatient aqua therapy x 6 sessions for the lumbar spine was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic back pain. When seen, she had been unable to perform a home exercise program due to pain. Treatments had included physical therapy and chiropractic care. Prior treatments had included injections, both epidural and media branch blocks. Physical examination findings included negative facet loading with positive facet stress testing. There was decreased spinal extension without pain. Prior testing had included MRI scans of the lumbar spine in October 2012. Notes reference the claimant as obese. Requests include pool therapy two times per week for three weeks. Guidelines indicate that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, there is no apparent significant change in symptoms or findings suggestive of significant new pathology. Therefore, the requested MRI was not medically necessary.

**Outpatient lumbar medial branch block at bilateral L3, L4 and L5 under fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

**Decision rationale:** The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic back pain. When seen, she had been unable to perform a home exercise program due to pain. Treatments had included physical therapy and chiropractic care. Prior treatments had included injections, both epidural and media branch blocks. Physical examination findings included negative facet loading with positive facet stress testing. There was decreased spinal extension without pain. Prior testing had included MRI scans of the lumbar spine in October 2012. Notes reference the claimant as obese. Requests include pool therapy two times per week for three weeks. In terms of diagnostic facet joint injections / blocks, current guidelines recommend no more than one set of injections prior to facet neurotomy. In this case, the claimant has already undergone facet blocks with unknown response. The requesting provider documents decreased spinal extension without pain which would not be consistent with facet mediated pain. The requested block procedure is not medically necessary.

**Outpatient aqua therapy x sessions for the lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine - Aquatic therapy Page(s): 98-99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain,

Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

**Decision rationale:** The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic back pain. When seen, she had been unable to perform a home exercise program due to pain. Treatments had included physical therapy and chiropractic care. Prior treatments had included injections, both epidural and media branch blocks. Physical examination findings included negative facet loading with positive facet stress testing. There was decreased spinal extension without pain. Prior testing had included MRI scans of the lumbar spine in October 2012. Notes reference the claimant as obese. Requests include pool therapy two times per week for three weeks. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant has back pain and is obese and has been unable to perform a home exercise program due to pain. The number of visits being requested (six) is consistent with chronic pain treatment guidelines. The request is therefore medically necessary.