

Case Number:	CM15-0089599		
Date Assigned:	05/13/2015	Date of Injury:	08/30/2013
Decision Date:	06/30/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/11/2015

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, Hawaii

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 45 year old male, who sustained an industrial injury on 08/30/2013. Per documentations the injured worker has had a history of neck and lower pain. On provider visit dated 03/24/2015 the injured worker has reported neck pain and lower back pain that radiates to his bilateral upper extremities and left lower extremity. On examination the cervical spine was noted to have a limited range of motion. Tenderness was noted over the occipital spinous processes and interspaces from C3 to C7. Tightness, tenderness, spasms and trigger points in the cervical paravertebral, trapezius, levator scapular, supraspinatus and infraspinatus muscles bilaterally were noted as well. Lumbar spine was noted to have limited range of motion, secondary to pain, tightness and stiffness. Tenderness was noted over the sacroiliac joints bilaterally. Straight leg raise was positive on the left. Tenderness, tightness, triggers points and muscle spasms in the lumbar paravertebral, quadratus lumborum, gluteus medius, gluteus maximus, and piriformis muscles bilaterally. The diagnoses have included cervical sprain/strain, cervical radiculopathy, lumbar sprain/strain and lumbar radiculopathy. The injured worker was noted to have undergone lumbar back surgery in May 2013. MRI of the cervical spine on 02/07/2015 revealed disc herniation at mid cervical spine at C3-C4 with canal stenosis was noted. Treatment to date has included back brace, medication, physical therapy, cervical and lumbar injections and home exercise program. The provider requested physical therapy times twelve for the low back, lumbar belt, cervical epidural steroid injection at C5-C6, C6-C7 and lumbar epidural steroid injection at L4-L5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times twelve for the low back: Upheld

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

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

Decision rationale: The patient presents with pain affecting the neck and low back with radiation to the bilateral upper extremities and left lower extremity. The current request is for Physical therapy times twelve for the low back. The treating physicians report dated 3/24/15 (178B) states, "I am requesting authorization for the patient to start a course of physical therapy, 1 to 2 times a week for 4 to 6 times a week." I asked the patient to continue with activities and exercise at home as tolerated". The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided, show the patient is status post L4 laminectomy (2013) and it is unclear the quantity of physical therapy sessions that were received previously. In this case, the patient has received an unknown number of visits of physical therapy to date and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Recommendation is not medically necessary.

Lumbar belt: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Low back, Lumbar supports.

Decision rationale: The patient presents with pain affecting the neck and low back with radiation to the bilateral upper extremities and left lower extremity. The current request is for Lumbar belt. The requesting treating physicians report was not found in the documents provided. The MTUS guidelines do not address the current request. ACOEM guidelines do not recommend it. The ODG guidelines state the following regarding back braces: "Not recommended for prevention, Recommended as an option for treatment". There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain". Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). The guidelines go on to state, "For treatment of nonspecific LBP, compared with no lumbar support, an elastic lumbar belt may be more effective than no belt at improving pain (measured by visual analogue scale) and at

improving functional capacity (measured by EIFEL score) at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, evidence was weak (very low-quality evidence)". In this case, the medical reports provided do not provide documentation that the patient suffers from conditions that would support this request. Furthermore, the patient has specific low back pain as noted in a report dated 3/24/15 (178B) that states, "The patient has mechanical lower back pain with lumbar facet joint sprain/strain/arthritis. The patient has myofascial pain syndrome of the lumbosacral spine musculature. The patient has bilateral joint pain". The current request does not satisfy the ODG guidelines as outlined in the low back chapter. Recommendation is not medically necessary.

Cervical epidural steroid injection at C5-C6, C6-C7: Upheld

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

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

Decision rationale: The patient presents with pain affecting the neck and low back with radiation to the bilateral upper extremities and left lower extremity. The current request is for cervical epidural steroid injection at C5-C6, C6-C7. The treating physician report dated 3/24/15 (178B) states, "The patient has neck pain with cervical radiculopathy. He has pain radiating to his bilateral upper extremities. MRI of the cervical spine dated March 25, 2014 demonstrated: Impression: 1) Disc desiccation throughout the cervical spine". The patient has myofascial pain syndrome of the cervical spine musculature". MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)". Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical reports provided, do not show that the patient has received a previous ESI at the C5-C6 and C6-C7 levels. In this case, while the patient presents with neck pain that radiates to the bilateral upper extremities, the diagnoses of cervical radiculopathy at the C5-C7 levels is not corroborated by the MRI dated 3/25/14. Furthermore, the treating physician has asked for injections at C5-6 and C6-7, but radiculopathies at the corresponding levels are not described. The current request does not satisfy the MTUS guidelines as outlined on page 46. Recommendation is not medically necessary.

Lumbar epidural steroid injection at L4-L5, L5-S1: Overturned

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

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

Decision rationale: The patient presents with pain affecting the neck and low back with radiation to the bilateral upper extremities and left lower extremity. The current request is for Lumbar epidural steroid injection at L4-L5, L5-S1. The treating physician report dated 3/24/15 (178B) states, "The patient has lower back pain with lumbar radiculopathy. The patient has radiating pain into his left lower extremity. MRI of the lumbar spine dated March 26, 2014 reveled spondylosis in the lumbar spine and disc desiccation at L4-5". MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)". Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical reports provided, do not show that the patient has received a previous ESI at the L4-L5 and L5-S1 levels. In this case, the patient presents with low back pain that radiates to the left lower extremity. Furthermore, the diagnoses of lumbar radiculopathy is corroborated by an MRI dated 3/26/14 with positive exam findings. The current request satisfies the MTUS guidelines as outlined on page 46. Recommendation is medically necessary.