

<b>Case Number:</b>	CM14-0125451		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	03/18/2014
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 71 year old male with a date of injury on 3/18/2014. Per the 3/18/2014 records, the injured worker is noted to have sustained injuries due to the continual jarring and bouncing of his truck. This caused progressive back pain which became severe and was interfering with his daily and normal activity. He presented with complains of pain to the upper and lower back. An objective examination noted diffuse tenderness and swelling to the thoracic and lumbar spine musculature as well as mild muscle spasm. Non-spinous tenderness was noted with a lumbar spine flexion of 40 degrees and an extension of 10 degrees. Lumbar x-rays noted degenerative disc disease and degenerative joint disease. He underwent urine drug screening on 3/18/2014 which revealed negative results. The records dated 4/18/2014 noted that the injured worker returned for a follow-up. He reported progressively worsening thoracic and lumbar pain for over a year. He reported that he started physical therapy and completed 5 out of six visits. Objectively, tenderness over the thoracic and lumbar paraspinal muscles was noted. Flexion and extension was limited. The records dated 5/16/2014 documented that the injured worker felt the same as his last visit and stated that therapy was not helping. He complained of constant pain that travels from the bilateral scapulas to the lumbar spine. An objective examination noted that the symptoms are consistent with thoracic/lumbar dysfunction resulting from osteoarthritis. Sacroiliac dysfunction was also noted as described. Deficits include decreased thoracic/lumbar range of motion, posture abnormalities, decreased strength and muscle tissues irritability. The injured worker would benefit from skilled physical therapy to address the above deficits in order to improve functional mobility and return to work with less pain. The most recent records dated 6/5/2014 document that the injured worker reported progressively worsening right thoracic and lumbar spine pain. He has completed two courses of physical therapy and has been doing continued home exercises. He reported no improvement. An objective examination noted

tenderness over the right thoracic and lumbar area and full range of motion was noted. He is diagnosed with (a) thoracic spine sprain and strain and (b) lumbar sprain and strain.

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

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

#### **Thoracic epidural steroid injection L5-S1: Upheld**

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

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

**Decision rationale:** Evidence-based guidelines indicate that prior to authorization of epidural steroid injections documentation of radiculopathy must be found through physical examination findings and is further corroborated by diagnostic imaging studies and/or electrodiagnostic findings. There should also be documentation/evidence of a failure of initial conservative measures. In this case, it is noted that the injured worker is complaining of upper back pain that radiates to the lumbar spine. However, there is no documentation of radiculopathy based on objective findings. While a magnetic resonance imaging scan performed on 6/27/2014 did not indicate pathological cause of radiculopathy, the results only noted mild bilateral facet osteoarthritis that causes mild bilateral neural foraminal stenosis, right greater than left. There was no focal disc protrusion, extrusion or significant central canal stenosis. Based on insufficient evidence of radiculopathy in the provided documents, the medical necessity of the requested epidural steroid injections at L5-S1 is not established.

#### **purchase of inversion table: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - low back chapter

**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) Traction

**Decision rationale:** Evidence guidelines point out that the use of inversion therapy is classified under traction. Guidelines indicate that home-based injured worker controlled gravity traction may be a non-invasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. As a sole treatment, traction has not been proven effective for lasting relief in the treatment of low back pain. There is no indication in the records about traction being used as an adjunct treatment to an evidence-based conservative care to achieve functional restoration. The records indicate that the injured worker has completed two courses of physical therapy without proven significant benefits. There is no mention of other

treatments apart from continued home exercise and medications. Therefore, the medical necessity of the requested purchase of inversion table is not established.