

<b>Case Number:</b>	CM14-0179322		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	12/28/2006
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 12/28/06 when he sustained pelvic fractures when he was crushed in between a truck and a tractor while working as a foreman for an excavating company. He subsequently developed a DVT more than one year after his injury. He continues to be treated for low back and lower extremity pain, difficulty sleeping, stress, depression, and anxiety. An MRI of the lumbar spine on 07/16/14 included findings of multilevel facet arthropathy with mild to moderate foraminal narrowing at multiple levels. He was seen on 10/08/14. He was having pain radiating into the left lower extremity. Prior treatments had included physical therapy, TENS, sacroiliac joint injections, and epidural steroid injections. Medications had included Cymbalta, Neurontin, Lyrica, and amitriptyline without improvement. The report references a positive response to prior physical therapy treatments with completion of more than 24 sessions. A transforaminal epidural injection in 2012 had provided more than 70% pain relief lasting for up to two years. There had been consideration of a spinal cord stimulator trial. He was performing a self-directed exercise program including swimming at a [REDACTED]. Medications were Norco 10/325 mg, Lyrica, Soma, Coumadin, levothyroxine, simvastatin, and Medrol. Pain was rated at 9/10 without and 7/10 with medications. Medications are referenced as allowing for increased mobility, tolerance of activities of daily living, performance of home exercise, and as keeping the claimant functional. Physical examination findings included a height of 5 feet, 10 inches and weighs 195 pounds which corresponds to a BMI of 28.0 and a diagnosis of obesity. There was decreased lumbar spine range of motion with positive left straight leg raise. There was left sciatic notch tenderness with lumbar tenderness. There was decreased left lower extremity strength and decreased bilateral lower extremity sensation. Authorization for further evaluation and treatment was requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Repeat transforaminal epidural steroid injection at L4-5: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

**Decision rationale:** The claimant is nearly 8 years status post work-related injury and continues to be treated for low back and lower extremity pain. A prior epidural steroid injection in 2012 is referenced as providing more than 70% pain relief lasting for up to two years. Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the requested epidural injection is within applicable guidelines and therefore medically necessary.

### **Physical therapy twice a week for eight weeks for the lumbar spine and pelvis: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine treatment and Physical Therapy Guidelines.

**Decision rationale:** The claimant is nearly 8 years status post work-related injury and continues to be treated for low back and lower extremity pain. The claimant has had prior physical therapy treatments and performs an independent exercise program. In terms of physical therapy, patients are expected to continue active therapies at home. Ongoing compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. In this case, the claimant has already completed a course of physical therapy and is performing an independent home exercise program. Therefore the requested additional physical therapy is not medically necessary.

**[REDACTED]: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 301. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Gym Memberships

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87

**Decision rationale:** The claimant is nearly 8 years status post work-related injury and continues to be treated for low back and lower extremity pain. The claimant has had prior physical therapy treatments and performs an independent exercise program including swimming at a [REDACTED]. In this case, the claimant has a history of pelvic trauma and is obese. Aquatic therapy is recommended for patients with conditions including chronic persistent pain and who have comorbidities that would be expected to limit participation in weight-bearing physical activities. The program should become self-managed and criteria for continued membership include when following an exercise program. In this case, he appears motivated to continue an independent exercise program including aquatic therapy which would be considered as an appropriate treatment where there are expected difficulties with lower extremity weight bearing. The requested membership is therefore medically necessary.

**An x-ray of the lumbar spine with 7 views:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter: Radiography (x-rays)

**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), Radiography (x-rays)

**Decision rationale:** The claimant is nearly 8 years status post work-related injury and continues to be treated for low back and lower extremity pain. Applicable criteria for obtaining a lumbar spine x-ray are trauma or if there are 'red flags' such as suspicion of cancer or infection. In this case, there is no identified acute injury or 'red flag' and therefore the requested lumbar spine x-ray is not medically necessary.

**Lovenox, 1 per day for 5 days before and after the epidural injection:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: (1) Horlocker TT, et al. Regional anesthesia in the anticoagulated patient: Defining the risks (the second ASRA Consensus Conference on Neuraxial Anesthesia and Anticoagulation). Reg Anesth Pain Med 2003; 28:172-197. 665. (2) Fowler RA, Mittmann N, Geerts W, et al. Cost-effectiveness of Dalteparin vs Unfractionated Heparin for the Prevention of Venous Thromboembolism in Critically Ill Patients. JAMA.

**Decision rationale:** The claimant is nearly 8 years status post work-related injury and continues to be treated for low back and lower extremity pain. A prior epidural steroid injection in 2012 is referenced as providing more than 70% pain relief lasting for up to two years. He has a history of lower extremity DVT and is managed with Coumadin. Guidelines recommend an assessment of risk when performing interventional procedures in patients who are receiving anticoagulation. In this case, the claimant is being treated with Coumadin with a history of chronic DVT due to pelvic trauma and a lumbar transforaminal epidural steroid injection is planned. Bridge anticoagulation is appropriate in this clinical scenario and therefore this request was medically necessary.