

<b>Case Number:</b>	CM14-0091522		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/30/2014
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Occupational Medicine 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 patient is a 56-year-old female who has submitted a claim for lumbago associated with an industrial injury date of January 30, 2014. Medical records from 2014 were reviewed, which showed that the patient complained of lower back pain without radiation. Physical examination revealed tenderness in the lumbar paraspinal region bilaterally, facet joint, interspinous ligaments, PSIS, and sciatic notches, absence of spasms, and normal motor strength, reflexes and sensation of the lower extremity reflexes. An magnetic resonance imaging (MRI) dated 3/13/2014 revealed diffuse disc bulge measuring 3-4 mm at L4-5, 2-3 mm at L3-L4 with degenerative disc at L3-L4, L4-L5, L5-S1 and facet degeneration at L4-L5. Treatment to date has included medications, chiropractic treatment and physical therapy. The patient has had 6 physical therapy visits already, which according to the progress reports were not helpful. Utilization review from June 10, 2014 denied the request for Pain Management Specialist Referral and 6 Visits Physical Therapy. The request for pain management specialist referral was denied because the patient did not need epidural injections or facet injections. The request for physical therapy was denied because the patient already had six previous physical therapy visits without benefit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Specialist Referral:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Evaluation and Pain Management of Common Health Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127, 156 Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks (injections)

**Decision rationale:** According to pages 127 & 156 of the American College of Occupational and Environmental Medicine (ACOEM) Guidelines referenced by California Medical Treatment Utilization Schedule (MTUS), consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, the patient had been complaining of low back pain described by the provider as non-radiating. The rationale for the request for pain management specialist referral was for epidural steroid injection and facet injections. However, as stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination. Both the physical examination and history clearly stated that the patient did not have radiculopathy signs and symptoms. The patient is not a candidate for facet blocks either at this point because, according to the Official Disability Guidelines (ODG), there should first be documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks. Therefore, the request for Pain Management Specialist Referral is not medically necessary.

**6 Visits Physical Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, PHYSICAL MEDICINE Page(s): 98-99.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, physical therapy is recommended for low back pain. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The recommended number of visits for myalgia and myositis is 9-10 over 8 weeks. In this case, the patient has had 6 physical therapy visits already. The requested additional 6 visits would put the total number of visits above the guideline recommendations. This could be justified if the patient had improvements in his prior visits. However, according to the progress notes, the patient did not obtain any benefit from his prior visits. Moreover, the request did not specify which body part would be the target of the physical therapy. Therefore, the request for 6 visits physical therapy is not medically necessary.

