

<b>Case Number:</b>	CM14-0095133		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/16/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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:

According to the records made available for review, this is a 27-year-old male with a 4/16/12 date of injury. At the time (6/4/14) of the request for authorization for functional restoration program for the low back and referral to physiatrist for possible epidural steroid injection for pain management, there is documentation of subjective (ongoing low back pain ranging from 7-9/10) and objective (overweight, lumbar extension was 10 degrees, flexion 30 degrees) findings, current diagnoses (chronic pain), and treatment to date (hot and cold modalities, TENS unit, stretching exercises, and herbal tea). Regarding functional restoration program for the low back, there is no documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change. Regarding referral to physiatrist for possible epidural steroid injection for pain management, there is no documentation of subjective and objective radicular findings in each of the requested nerve root distributions and imaging at each of the requested levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program for the low back:** 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 Chronic pain programs (functional restoration programs) Page(s): 30-32.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines identifies documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of a functional restoration/chronic pain program. Within the medical information available for review, there is documentation of diagnoses of chronic pain. However, there is no documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change. Therefore, based on guidelines and a review of the evidence, the request for functional restoration program for the low back is not medically necessary.

**Referral to physiatrist for possible epidural steroid injection for pain management:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs).

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (ACOEM) Guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. Official Disability Guidelines (ODG) identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, magnetic resonance imaging (MRI), computed tomography (CT), myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session; as criteria

necessary to support the medical necessity of lumbar transforaminal epidural steroid injection using fluoroscopy. Within the medical information available for review, there is documentation of diagnoses of chronic pain. In addition, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities). However, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions and imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels. Therefore, based on guidelines and a review of the evidence, the request for referral to physiatrist for possible epidural steroid injection for pain management is not medically necessary.