

<b>Case Number:</b>	CM14-0217314		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 38-year-old male who reported an injury on 07/02/2013. The mechanism of injury was pulling. He was diagnosed with lumbar disc displacement. His past treatments were noted to include physical therapy, chiropractic treatment, acupuncture, epidural steroid injections, and medications. On 11/10/2014, the injured worker's physical examination revealed no deformity, no tenderness, and no restricted range of motion in regards to the cervical or thoracic spine. On physical examination of the lumbar spine, he was noted to have slight straightening of the lumbar curvature. Tenderness was present in the midline at L4-5 and L5-S1 areas. No tenderness was present over the sciatic notch. He had a positive straight leg raise test bilaterally at 70 degrees. It was noted that the range of motion of the lumbar spine was conducted using a double inclinometer, which was noted to reveal 50 degrees of hip flexion angle, 30/40/35 degrees of flexion, 5/10/15 degrees of extension, 15/20/15 degrees of left lateral bending, and 20/20/15 degrees of right lateral bending. On 02/19/2015, the injured worker reported constant, moderate, aching low back pain. On physical examination, he was noted to have 4/5 bilateral strength in the lower extremities. Range of motion of the lumbar spine was noted to be 40/60 degrees of flexion, 25/25 degrees of extension, 25/25 of right and left lateral bending, and straight leg raise test was negative. The treatment plan was noted to include consideration of lumbar decompression surgery, a request for acupuncture therapy, and a followup appointment with an orthopedic surgeon. A request was submitted for pain management follow ups, urology consultation, follow-up in six weeks, microlumbar decompression bilateral L4-L5, and pre-operative medical clearance for history and physical,

EKG, chest x-ray, and labs (chem, panel, CBC, UA, APTT, PT, type and screen). However, the rationale for the requests was not provided. A Request for Authorization was not submitted.

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

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

**Pain management follow ups:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Office Visits Section

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Office visits.

**Decision rationale:** The request for pain management follow ups is not medically necessary. The California MTUS/ACOEM Practice Guidelines state physician follow up can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected, on average. More specifically, the Official Disability Guidelines state the need for a clinical office visit with a healthcare provider is individualized based on a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The 11/10/2014 clinical note did not show evidence of a significant change in clinical presentation or treatment plan, and he was not shown to have any status changes or new symptoms when he presented to his 02/19/2015 visit. Based on the lack of documentation indicating a significant change in the patient's clinical presentation, the request for a followup visit for pain management is not warranted. As such, the request for pain management follow ups is not medically necessary.

**Urology consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Office Visits Section

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92, Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Low back, Office visits..

**Decision rationale:** The request for urology consultation is not medically necessary. The California MTUS/ACOEM Guidelines state referrals may be appropriate if the practitioner is uncomfortable with a line of inquiry outlined above, or has difficulty obtaining information or agreement to a treatment plan with treating a particular cause of delay. The Official Disability Guidelines state that the need for clinical office visits with a healthcare provider is individualized based up on a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The 11/10/2014 clinical note did not show evidence of a

significant change in clinical presentation or treatment plan, and he was not shown to have any status changes or new symptoms when he presented to his 02/19/2015 visit. Based on the lack of documentation indicating a significant change in the patient's clinical presentation, the request for urology consultation is not warranted. As such, the request for Urology consultation is not medically necessary.

**Chiro for the lumbar spine, twice weekly for six weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Page(s): 58.

**Decision rationale:** The request for chiro for the lumbar spine, twice weekly for six weeks is not medically necessary. The California MTUS Guidelines state that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions, and with objective functional improvement, a total of 18 visits over 6 to 8 weeks may be appropriate. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. The clinical documentation submitted for review indicated the patient has had prior chiropractic treatment. However, there was no evidence of whether the injured worker had significant objective improvement within the previous sessions. Additionally, it is unclear the amount of chiropractic treatment the injured worker has had, and there were no exceptional factors to warrant additional visits beyond the guidelines' recommendations. Given the above information, the request is not supported by the guidelines. As such, the request for chiro for the lumbar spine, twice weekly for six weeks is not medically necessary.

**Follow-up in six weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Office visits.

**Decision rationale:** The request for follow-up in six weeks is not medically necessary. The California MTUS/ACOEM Practice Guidelines state physician follow up can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected, on average. More specifically, the Official Disability Guidelines state the need for a clinical office visit with a healthcare provider is individualized based on a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As the injured worker does not meet criteria for the requested surgery, the request is not

supported by the guidelines. As such, the request for follow-up in six weeks is not medically necessary.

**Microlumbar decompression bilateral L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Discectomy/ laminectomy.

**Decision rationale:** The California MTUS/ACOEM Guidelines state surgery is considered only when serious spinal pathology or nerve root dysfunction are not responsive to conservative therapy and there is evidence of a herniated disc. More specifically, the Official Disability Guidelines recommend discectomy, laminectomy when there is objective evidence of radiculopathy. Imaging studies should reveal nerve root decompression, lateral disc rupture, or lateral recess stenosis. Previous conservative treatment should include activity modification, drug therapy, and referral to physical therapy, manual therapy, or the completion of a psychological screening. The clinical documentation submitted for review does not provide evidence of significant neurological deficits indicating evidence of radiculopathy. Additionally, there was no official MRI providing evidence of disc pathology indicating nerve root compression, lateral disc rupture, or lateral recess stenosis. Given the above information, the request is not supported by the guidelines. As such, the request for microlumbar decompression bilateral L4-L5 is non-certified.

**Pre-operative medical clearance for history and physical, EKG, chest X-ray, and labs (chem, Panel, CBC, UA, APTT, PT, Type and screen): Upheld**

**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 Official Disability Guidelines (ODG) Low back, Preoperative testing, general.

**Decision rationale:** The request for pre-operative medical clearance for history and physical, EKG, chest x-ray, and labs (chem, panel, CBC, UA, APTT, PT, type and screen). The Official Disability Guidelines indicate the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The clinical documentation submitted for review does not indicate that the injured worker has a significant medical history to warrant preoperative testing. Additionally, as the injured worker does not qualify for the requested surgery, the request is not supported. As such, the request for pre-operative medical clearance for history and physical, EKG, chest x-ray, and labs (chem, panel, CBC, UA, APTT, PT, type and screen) is not medically necessary.

