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| <b>Case Number:</b>   | CM14-0218087 |                              |            |
| <b>Date Assigned:</b> | 01/07/2015   | <b>Date of Injury:</b>       | 11/21/2013 |
| <b>Decision Date:</b> | 03/09/2015   | <b>UR Denial Date:</b>       | 11/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/30/2014 |

### 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: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 49 year old female who sustained a work related injury on November 21, 2013 working as a shipping and receiving clerk. The injuries occurred from repetitive movements. The injured worker developed bilateral shoulder pain, bilateral wrist and hand pain, lumbar spine pain and bilateral knee pain. A physicians report dated July 3, 2014 notes that the injured worker complained of constant moderate dull, achy, sharp low back pain and right shoulder pain. She also reported left intermittent moderate dull, achy, sharp low back pain and moderate dull, achy and sharp bilateral knee pain. Lumbar spine examination revealed decreased and painful range of motion. Tenderness of the lumbar paravertebral muscles with spasms was noted. Kemp's test was positive bilaterally. Right shoulder examination revealed tenderness to palpation and a positive Supraspinatus Press test. The left shoulder examination revealed tenderness to palpation, decreased range of motion and a positive Supraspinatus Press test. Bilateral knee examination showed normal flexion and painful range of motion. A physicians report dated September 23, 2014 notes that the injured worker presented with low back pain rated at a four out of ten, bilateral shoulder pain rated a three out of ten, wrist pain rated a two out of ten and knee pain rated a seven out of ten on the Visual Analogue Scale. Prior treatment has included physical therapy and chiropractic treatment. A physicians report dated October 28, 2014 notes that the injured workers physical examination revealed tenderness to palpation of the anterior shoulder and posterior shoulder. Right knee examination showed mild hyper pronation and range of motion was painful. Left knee examination revealed a positive McMurray's test and painful range of motion. No objective examination of the lumbar spine was noted. Medications

include Naproxen, Orphenadrine, Pantoprazole and Zolpidem. Diagnoses include lumbar disc protrusion, lumbar myospasms, lumbar pain, lumbar sprain/strain, left rotator cuff tear, left shoulder sprain, right knee internal derangement, right knee meniscus tear, right knee pain, right knee sprain/strain, left knee pain and left knee sprain/strain. The Utilization Review documentation dated November 28, 2014 makes reference to a physician's report dated October 8, 2014 which was not found in the medical records. Work status is temporarily totally disabled. The treating physician requested one percutaneous spinal nerve injection at left lumbar three, one percutaneous spinal nerve injection at left lumbar four and a post injection full work conditioning for the lumbar spine # 10. Utilization Review evaluated and denied the requests on November 28, 2014. Utilization Review approved a lumbar epidural steroid injection at lumbar four-lumbar five. In regards to the percutaneous spinal nerve injections, the guidelines recommend the injections as a treatment of radicular pain. Utilization Review notes that there is no support for an intralaminar epidural as well as a transforaminal, nerve root block at the same time. In regards to the full work conditioning program there is lack of sufficient information of the injured workers baseline functional status and specific measurable goals are not provided. In addition, there is no information to show the injured worker cannot do an adequate home exercise program for conditioning. Based on the CA MTUS Chronic Pain Medical Treatment Guidelines the medical necessity of the requests was not established.

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

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

#### **Percutaneous spinal nerve injection at left L3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** This patient presents with bilateral shoulder, bilateral hand/wrist, lumbar spine and bilateral knee pain from a meniscus tear. The current request is for PERCUTANEOUS SPINAL NERVE INJECTION AT LEFT L3. The treating physician has requested an LESI at L4-L5, percutaneous nerve injection at L3 and percutaneous nerve injection at L4. The Utilization Review denied the request for percutaneous nerve injection at L3-L4 stating that there is no support for an intralaminar epidural as well as a transforaminal, nerve root block at the same time. The MTUS Guidelines has the following regarding ESI under its chronic pain section page 46 and 47, recommended as an option for treatment for radicular pain defined as pain in the dermatomal distribution with corroborated findings of radiculopathy. In this case, the progress reports document low back pain but no leg pain is described. The patient is reported to have numbness, tingling and weakness in the low back with no description of pain/paresthesia in a dermatomal distribution. There are no sensory or DTR changes. In addition, there is no MRI provided for review in the medical file. The Utilization states that that an MRI of the lumbar spine was taken on 6/20/14 which showed L2-L3, L3-L4 AND L4-L5 diffuse disc protrusions effacing the thecal sac and spinal canal is compromised as well as

various measurements in neutral, flexion and extension. The MRI discussed does not appear to corroborate radiculopathy either. This request IS NOT medically necessary.

**Percutaneous spinal nerve injection at L4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** This patient presents with bilateral shoulder, bilateral hand/wrist, lumbar spine and bilateral knee pain from a meniscus tear. The current request is for PERCUTANEOUS SPINAL NERVE INJECTION AT LEFT L4. The treating physician has requested an LESI at L4-L5, percutaneous nerve injection at L3 and percutaneous nerve injection at L4. The Utilization Review certified the request for LESI and denied the request for percutaneous nerve injection at L3-L4 stating that there is no support for an intralaminar epidural as well as a transforaminal, nerve root block at the same time. The MTUS Guidelines has the following regarding ESI under its chronic pain section page 46 and 47, recommended as an option for treatment for radicular pain defined as pain in the dermatomal distribution with corroborated findings of radiculopathy. In this case, progress reports document low back pain but no leg pain is described. The patient is reported to have numbness, tingling and weakness in the low back with no description of pain/paresthesia in a dermatomal distribution. There are no sensory or DTR changes. In addition, there is no MRI provided for review in the medical file. The Utilization states that that an MRI of the lumbar spine was taken on 6/20/14 which showed L2-L3, L3-L4 AND L4-L5 diffuse disc protrusions effacing the thecal sac and spinal canal is compromised as well as various measurements in neutral, flexion and extension. The MRI discussed does not appear to corroborate radiculopathy either. This request IS NOT medically necessary.

**Post-injection full work conditioning for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening programs Page(s): 125-126.

**Decision rationale:** This patient presents with bilateral shoulder, bilateral hand/wrist, lumbar spine and bilateral knee pain from a meniscus tear. The current request is for POST INJECTION FULL WORK CONDITIONING FOR THE LUMBAR SPINE. The Utilization review denied the request stating that there is insufficient information to support any type of work conditioning program. The MTUS guidelines page 125 states Work conditioning, work hardening programs are recommended as an option depending on the availability of quality programs. Criteria for admission to Work Hardening Program include (2) After treatment with an adequate trail of physical or occupational therapy with improvement followed by plateau, but not likely to benefit

from continue physical or occupational therapy.; ( 3), Not a candidate where surgery or other treatments would clearly be warranted to improve function.; (5), a documented specific job to return to; and (6), Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. In this case, a screening process prior to consideration has not taken place. Furthermore, there is no evidence that there is a specific job to return to. The request IS NOT medically necessary.