MAXIMUS Federal Services

| Case Number: | CM14-0218097 | | |
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| Date Assigned: | 01/07/2015 | Date of Injury: | 02/29/2012 |
| Decision Date: | 03/06/2015 | UR Denial Date: | 12/22/2014 |
| Priority: | Standard | Application Received: | 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: 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:

The injured worker is a 39 year old male with a date of injury of February 29, 2012. Results of the injury include back and buttock pain. Diagnosis include post-diskectomy disk irritation and mechanical pain. Treatment has included surgery and physical therapy. Per the Utilization review form Magnetic Resonance Imaging (MRI) scan of the lumbar spine dated May 13, 2014 showed scoliosis with desiccation of the disc most prominently at L5-S1, with an annular tear and a mild bulge. There is facet disease bilaterally most prominently at L4-L5 and L5-S1. There is impingement of the thecal sac most prominently at L4-L5. Progress report dated December 4, 2014 revealed pain in the back to the left side and down into the buttock. There was tightness in the hamstring but no numbness or tingling. Work status was noted as temporarily total disabled. The treatment plan included physical therapy and work conditioning. Utilization review form dated December 22, 2014 non certified additional PT 2x4 lumbar spine with work conditioning and (R) lumbar selective nerve root block L4-3 level due to noncompliance with MTUS guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional PT 2x4 for the lumbar spine with work conditioning:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines work hardening programs Page(s): 215-126,Postsurgical Treatment Guidelines Page(s): 25-26.

**Decision rationale:** The patient is status post discectomy June 2014, and presents with residual back and buttock pain. The request is for ADDITIONAL PT 2X4 FOR THE LUMBAR SPINE WITH WORK CONDITIONING. Patient's diagnosis on 12/15/14, per Request for Authorization form included lumbar spine disc disorder and lumbar spine strain. Per physical therapy note dated 08/18/14, patient has completed 6 visits, and PT note dated 12/11/14 shows 8 visits. Patient is temporarily totally disabled.MTUS guideline pages 25 and 26, post-surgical guideline for low back, states Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8): Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks *Postsurgical physical medicine treatment period: 6 months.MTUS guidelines page 125 recommends work hardening programs as an option and requires specific criteria to be met for admission including work related musculoskeletal condition with functional limitations, trial of PT with improvement followed by plateau, non-surgical candidate, defined return to work goal agreed by employer & employee, etc. A defined return to work goal is described as; (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. Furthermore, approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program.MTUS guidelines, page 125-126 also require possible functional capacity evaluation; ability to participate for a minimum of 4 hours day for 3-5 days/week; no more than 2 years from the date of injury; and the program to be completed in 4 weeks or less.Treater states in progress report dated 11/03/14 that the patient's job "needs him back in full capacity without any restrictions before they will allow him to come back, so I need to get to a point where I can get him fully rehabilitated and finish out the physical therapy so that he can go back to his full capacity as a truck driver driving 200-300 miles a day and take care of everything that he was doing before without any restrictions." Patient is still within post-operative treatment period of 6 months. Based on provided PT notes, patient has completed 14 physical therapy visits. The request for 8 additional visits would exceed guideline recommendation for the patient's condition. Furthermore, a screening process prior to consideration for work conditioning program has not taken place. There are no prior functional capacity evaluations provided, and treater has not indicated that patient has the "ability to participate for a minimum of 4 hours day for 3-5 days/week," "within 4 weeks or less," per MTUS page 125-126. Therefore, the request for physical therapy with work conditioning IS NOT medically necessary.

**Right lumbar selective nerve root block L4-L3 level:** Upheld

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

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

**Decision rationale:** The patient is status post discectomy June 2014, and presents with residual back and buttock pain. The request is for RIGHT LUMBAR SELECTIVE NERVE BLOCK L4-L3 LEVEL. Patient's diagnosis on 12/15/14, per Request for Authorization form included lumbar spine disc disorder and lumbar spine strain. Per physical therapy note dated 08/18/14, patient has completed 6 visits, and PT note dated 12/11/14 shows 8 visits. Patient is temporarily totally disabled.MTUS has the following regarding ESIs, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a series-of-three injection in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections."In review of 5 progress reports from 07/14/14 - 12/04/14, treater has not discussed reason for requesting "RIGHT lumbar selective nerve block L4-L3 level." Physical examination on 12/04/14 revealed pain in the back to the LEFT side and down into the buttock, with tightness in the hamstring, but no numbness or tingling. Physical examination findings pertain to the LEFT buttock, and the request is for nerve block to the RIGHT. Physical examination findings are minimal and do not support radiculopathy. There are no imaging or electrodiagnostic findings corroborating radiculopathy, either. Given the lack of a clear documentation as required by MTUS, the request IS NOT medically necessary.