

Case Number:	CM15-0113603		
Date Assigned:	06/22/2015	Date of Injury:	07/05/1992
Decision Date:	09/10/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/12/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 65 year old male with an industrial injury dated 07/05/1992. The injured worker's diagnoses include lumbar stenosis with neurogenic claudication, low back pain, lumbar degenerative disc disease, peripheral neuropathy and lumbar spondylosis. The past treatments and diagnostics included radiological diagnostic studies, prescribed medications and periodic follow up visits. The July 2014 MRI of the lumbar spine showed multilevel disc bulges, spondylosis, facet arthropathy and lateral recess stenosis. The 2014 Neurosurgical evaluation indicated that no spine surgery was indicated. Conservative treatments were recommended. In a progress note dated 04/28/2015, the injured worker reported low back pain radiating to bilateral lower extremities with numbness. Objective findings revealed limited lumbar range of motion in extension/bilateral rotation and tenderness to palpitation at L3-S1 without guarding. The treating physician prescribed services for flexion and extension x-rays of the lumbar spine, lumbar epidural steroid injections, facet blocks bilateral L4-5 and L5-S1, physical therapy 16 sessions, and Electromyography (EMG) of the bilateral lower extremities now under review. The medications listed are Feldene, Prilosec and Lorcet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexion and extension X-rays of the lumbar spine: Upheld

Claims Administrator 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-lumbar and thoracic (acute and chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that radiological tests can be utilized for the evaluation of chronic low back pain that did not resolve with conservative treatments. The records indicate that the patient completed MRI of the lumbar spine test in 2014. There is no documentation of subjective or objective findings indicating further exacerbation of the low back pain. The criteria for flexion and extension X-ray of the lumbar spine was not met. Therefore the request is not medically necessary.

Lumbar epidural steroid injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back, lumbar and thoracic (acute and chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of chronic low back pain when conservative treatments with medications and PT have failed. The records indicate that the patient had not completed conservative management. There is no documentation of recent completion of PT and Home exercise program. The criteria for lumbar epidural steroid injections was not met. Therefore the request is not medically necessary.

Facet blocks bilateral L4-5 and L5-S1: 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 lumbar and thoracic (acute and chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of chronic low back pain when conservative treatments with medications and PT have failed. The records indicate that the patient had not

completed all conservative management. There is no documentation of recent completion of PT and Home exercise program. The criteria for bilateral L4-L5, L5-S1 facet blocks injections was not met. Therefore the request is not medically necessary.

Physical therapy 16 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical therapy (PT) can be utilized for the treatment of chronic low back pain. The utilization of PT methods can result in pain relief, decrease in medication utilization and functional restoration. The records did not show that the patient had recently completed a PT and Home exercise program. The neurosurgeon had recommended that conservative treatments be completed before surgery can be considered. The criteria for physical therapy (PT) X 16 sessions was met. The request is medically necessary.

EMG of the bilateral lower extremities: Upheld

Claims Administrator 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, lumbar and thoracic (acute and chronic), EMGs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that EMG/NCV tests can be utilized for the evaluation of chronic low back radiculopathy pain that did not resolve with conservative treatments. The records indicate that the patient completed MRI of the lumbar spine test in 2014. There is no documentation of subjective or objective findings indicating lumbar radiculopathy. The neurosurgeon did not recommend surgical intervention. The criteria for EMG studies of the bilateral lower extremities was not met. The request is not medically necessary.