

<b>Case Number:</b>	CM15-0063797		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	11/14/2014
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: California, Arizona  
 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 60 year old female, who sustained an industrial injury on 11/14/2014. She reported falling into a hole resulting in back and right knee pain. Diagnoses include low back pain, knee pain, mild depression and sciatica. Treatments to date include medication therapy, diagnostic imaging and physical therapy. The MRI of the knee revealed severe tricompartmental degenerative osteoarthritis that was worse in the medial femorotibial compartment with apparent resection of the medial meniscus, full thickness articular cartilage loss in the medial tibial plateau and subcortical reactive marrow edema. There was degenerative arthrosis that was more moderate in the lateral femorotibial compartment and patellofemoral joint. There was moderately severe sprain of the anterior cruciate ligament of uncertain chronicity. The injured worker underwent an MRI of the lumbar spine on 01/28/2015, which revealed mild degenerative changes most pronounced at L2-3 with right posterior disc extrusion at L2-3 that does abut the descending L3 nerve root in the right lateral recess, but no definite source identified for the injured worker's reported left sided lower back pain; there was a posterior annulus tear at L2-3 and L4-5 and there was mild levoscoliosis of the lumbar spine. Currently, she complained of continued pain in the low back rated 7/10 VAS. On 2/16/15, the physical examination documented tenderness with palpation and limited lumbar range of motion. The injured worker had a negative straight leg raise. The distal neurovascular examination of the bilateral lower extremities was within normal limits and there was no sensory disturbance to light touch. The plan of care included aquatic therapy, epidural steroid injection, and an orthopedic consultation for right knee complaints.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Aqua therapy 6 visits for lumbar spine: 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 Aquatic Therapy, Physical Medicine Page(s): 98, 99.

**Decision rationale:** The California MTUS Guidelines indicate that aquatic therapy is recommended when the injured worker has a need for reduced weight bearing and the guidelines are the same as physical therapy guidelines, which would be up to 10 visits for myalgia and myositis. The clinical documentation submitted for review failed to provide documentation the injured worker had a necessity for reduced weight bearing. There was a lack of documentation indicating the quantity of sessions of physical medicine previously attended. The objective functional benefit that was received and the remaining functional deficits. Given the above, the request for aquatic therapy 6 visits for the lumbar spine is not medically necessary.

### **Lumbar support brace: 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): 300.

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to de-conditioning of the spinal muscles. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for lumbar support brace is not medically necessary.

### **Pain management evaluation for lumbar spine: 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 Ongoing Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review indicated the request was made for an epidural steroid injection and as such the request was made for pain management for the injection. The documentation submitted for review failed to provide that an epidural steroid injection would be supported and as such, the request for the pain management evaluation is not medically necessary.

**Epidural steroid injection for lumbar spine:** 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 Epidural Steroid Injection Page(s): 46.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend epidural steroid injections when there is documentation of radiculopathy upon physical examination that is corroborated by electro-diagnostics or imaging findings. The clinical documentation submitted for review failed to provide objective findings upon examination to support the necessity for an epidural steroid injection. The MRI failed to indicate the injured worker had nerve impingement on MRI. There was no EMG/NCV submitted for review. The request as submitted failed to indicate the specific level and laterality for the request. Given the above, the request for epidural steroid injection lumbar spine is not medically necessary.

**Follow-up evaluation with Orthopedic surgeon x 2 for right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate surgical intervention is appropriate for injured workers who have a failure of an exercise program to increase range of motion and strength of musculature around the knee and activity limitation for more than 1 month with imaging findings. The MRI revealed severe tricompartmental degenerative osteoarthritis that was worse in the medial femorotibial compartment with apparent resection of the medial meniscus, full thickness articular cartilage loss in the medial tibial plateau and subcortical reactive marrow edema. There was degenerative arthrosis that was more moderate in the lateral femorotibial compartment and patellofemoral joint. There was moderately severe sprain of the anterior cruciate ligament of uncertain chronicity. There was a lack of documentation indicating a rationale for the requested follow-up evaluation with orthopedic surgeon. The follow-up would not be appropriate x2 without an initial follow-up. Given the above, the request for follow-up evaluation with orthopedic surgeon x2 for right knee is not medically necessary.