

Case Number:	CM13-0039427		
Date Assigned:	06/16/2014	Date of Injury:	01/15/2011
Decision Date:	08/05/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/28/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50 year-old woman who was injured at work on 1/15/2011. The injury was primarily to her left hip, right knee and low back. She is requesting the review of denial for the following services: Physical Therapy 3X4 weeks with Massage Therapy for the Lumbar Area and a Lumbar Epidural Steroid Injection L5-S1/Interlaminar. Medical records corroborate ongoing care for these injuries. The notes from the primary treating physician indicate that the patient describes problems with low back pain since 2001. She has undergone treatment with physical therapy, injections and chiropractic adjustments. Her medications include Tylenol, Tylenol #3, and Methocarbamol. A physical examination demonstrates 5/5 lower extremity strength, negative straight leg raising, and normal deep tendon reflexes. A lumbar MRI from 2012 was completed and demonstrates disc dessication from L2 through S1 with small central disc protrusions and narrowing of the disc space. Diagnoses include the following: L5-S1 Disc Degeneration with Disc Protrusion and Retrospondylolisthesis; and Central Disc Protrusions L2-L3, L3-L4, and L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 3X4 WEEKS WITH MASSAGE THERAPY FOR THE LUMBAR AREA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Massage Therapy Page(s): 98-99; 60.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The medical records indicate that the patient has already received physical therapy; although it is not documented when this was done, the extent of physical therapy received, whether massage therapy was a component of the prior treatment, and the functional improvement observed. Given the lack of documentation of prior efforts at physical therapy and the lack of documentation as to defined functional goals, the request is not medically necessary. Regarding the inclusion of massage therapy, guidelines state that massage therapy is recommended as an option, should be an adjunct to other recommended treatments (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. As discussed above, there is insufficient documentation in describing the nature of the prior physical therapy and whether it included massage as a modality. Further, per the stated guidelines, massage should be limited to 4-6 visits. Therefore, massage therapy as a component of the physical therapy request is not medically necessary.

LUMBAR EPIDURAL STEROID INJECTION L5-SL INTERLAMINER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines low back complaints Page(s): 300.

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.

Decision rationale: ODG Guidelines state the purpose of epidural steroid injections (ESIs) is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Guidelines also that radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented to meet criteria for ESIs. Objective findings on examination need to be present, and radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. In reviewing this patient's medical records, there is no evidence to support that the patient has a radiculopathy. Specifically, there are no objective physical examination findings that suggest radiculopathy as a component of the patient's chronic

pain syndrome. The imaging studies do not support the presence of a radiculopathy. There are no electrodiagnostic studies that indicate radiculopathy. In summary, there is no evidence to support the use of a lumbar epidural injection. As such, the procedure is not medically necessary(4)

Diagnostic Phase: At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections.(5) No more than two nerve root levels should be injected using transforaminal blocks.(6) No more than one interlaminar level should be injected at one session.(7) Therapeutic phase: If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. This is generally referred to as the "therapeutic phase." Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms. The general consensus recommendation is for no more than 4 blocks per region per year. (CMS, 2004) (Boswell, 2007)(8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response.(9) Current research does not support a routine use of a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections for the initial phase and rarely more than 2 for therapeutic treatment.(10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or sacroiliac blocks or lumbar sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.(11) Cervical and lumbar epidural steroid injection should not be performed on the same day. (Doing both injections on the same day could result in an excessive dose of steroids, which can be dangerous, and not worth the risk for a treatment that has no long-term benefit.)In reviewing this patient's medical records, there is no evidence to support that the patient has a radiculopathy. Specifically, there are no objective physical examination findings that suggest radiculopathy as a component of the patient's chronic pain syndrome. The imaging studies do not support the presence of a radiculopathy. There are no electrodiagnostic studies that indicate radiculopathy.In summary, there is no evidence to support the use of a lumbar epidural injection. The procedure is not medically necessary.