

Case Number:	CM14-0173174		
Date Assigned:	10/24/2014	Date of Injury:	03/27/2009
Decision Date:	12/03/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/20/2014

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. The expert reviewer is Board Certified in Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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:

This patient is a 42 year old male employee with date of injury of 3/27/2009. A review of the medical records indicate that the patient is undergoing treatment for long term use of medications, therapeutic drug monitoring, pain psychogenic NEC, chronic pain, sacrum, sciatica. Subjective complaints include pain in low back and right lower extremity. Pain in lower right extremity is persistent and patient is having difficulty sleeping due to pain. Patient also claims headaches, severe fatigue, difficulty breathing, nausea and abdominal pain, urinary incontinence, balance problems, poor concentration, memory loss, numbness and weakness. The patient does not drive due to leg pain and has difficulty walking and driving. Objective findings include antalgic gait, atrophy in right lower extremity, swelling in right ankle, warmth in right foot and ankle; decreased sensation in S1 dermatome; straight leg raise positive on right; spasm and guarding noted in lumbar spine. He has some atrophy of the quadriceps on the right leg compared to the left. Treatment has included Canadian Crutch and 2 previous ESI's, with functional improvement not being detailed. Medications have included Lidoderm patch, Pantopazole-pretonix, Venlafaxine Hel Er, Buprenorphine Hel Sublingual, Gabapentin Tablets, Hydrochlorothiazide, Chlorthalidone. The utilization review dated 9/17/2014 non-certified the requests for right TESI at L4-L5, L5-S1 lumbar epidurogram with IV sedation, fluoroscopic guidance and contrast dye, polysomnogram and partially certified the request for 12 sessions of acupuncture modified to 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right TESI at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI's) Page(s): 46. Decision based on Non-MTUS Citation (ODG) Pain, Epidural steroid injections (ESI's)

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that a home exercise program is ongoing. Radiculopathy does appear to be documented by physical exam. The patient is taking multiple medications, but the progress reports do not document how long the patient has been on these medications and the "unresponsiveness" to the medications. Additionally, treatment notes do not indicate if other conservative treatments were tried and failed (exercises, physical therapy, etc). The patient had two previous ESI's but the outcome and details were not provided. As such, the request for Right TESI at L4-L5 is not medically necessary.

L5-S1 Lumbar epidurogram with IV sedation, fluoroscopic guidance and contrast dye: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low Back - Lumbar & Thoracic, Epidural steroid injections, diagnostic

Decision rationale: ODG States "developed as a diagnostic technique to determine the level of radicular pain. In studies evaluating the predictive value of selective nerve root blocks, only 5% of appropriate patients did not receive relief of pain with injections. No more than 2 levels of blocks should be performed on one day. The response to the local anesthetic is considered an important finding in determining nerve root pathology. (CMS, 2004) (Benzon, 2005) When used as a diagnostic technique a small volume of local is used (<1.0 ml) as greater volumes of injectate may spread to adjacent levels. When used for diagnostic purposes the following indications have been recommended:1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below:2) To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies; 3) To help to determine pain generators when there is evidence of multi-level nerve root compression; 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive;5) To help to identify the origin of pain in patients who have had previous spinal surgery.Radiculopathy does

appear to be documented by physical exam. The patient is taking multiple medications, but the progress reports do not document how long the patient has been on these medications and the "unresponsiveness" to the medications. Additionally, treatment notes do not indicate if other conservative treatments were tried and failed (exercises, physical therapy, etc). The patient had two previous ESI's but the outcome and details were not provided. As such, the request for L5-S1 Lumbar epidurogram with IV sedation, fluoroscopic guidance and contrast dye is not medically necessary.

Request for Acupuncture x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Acupuncture

Decision rationale: MTUS "Acupuncture Medical Treatment Guidelines" clearly state that "acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical documents did not provide detail regarding patient's increase or decrease in pain medication. Further, there was no evidence to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. ODG does not recommend acupuncture for acute low back pain, but "may want to consider a trial of acupuncture for acute LBP if it would facilitate participation in active rehab efforts." The initial trial should "3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)" There is no evidence provided that indicates the patient received acupuncture before or that the acupuncture sessions are being used as an adjunct to physical rehabilitation or surgical intervention. Additionally, the request is for 12 initial sessions is in excess of the recommended trial by ODG. As such, the request for Request for Acupuncture x 12 sessions is not medically necessary.

Polysomnogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Pain Chapter: Polysomnography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Pain, Polysomnography

Decision rationale: MTUS is silent regarding sleep apnea studies. ODG states "Polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes

have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended." There is no documentation of excessive daytime sleepiness, cataplexy, intellectual deterioration, personality changes, or insomnia for greater than 6 months. A sleep study without detailed trial of sleep hygiene is not recommended. As such, the request for Polysomnogram is not medically necessary.