MAXIMUS Federal Services

Case Number:	CM14-0181395		
Date Assigned:	11/06/2014	Date of Injury:	09/05/2002
Decision Date:	12/11/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/31/2014

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 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:

This is a 60-year-old female patient who reported an industrial injury to the back on 9/5/2002, twelve (12) years ago, attributed to the performance of her usual and customary job tasks. The patient complained of persistent lower back pain radiating to the lower extremity. The objective findings on examination include NAD; affect is normal; no changes in examination; antalgic gait; use of cane LE weakness; diminished ROM lumbar spine; decreased sensation to touch in the L5 distribution bilaterally; and reported positive SLR. The diagnoses were chronic pain; lumbar radiculopathy; and lumbar spine DJD. The patient was prescribed Butrans; Naprosyn; Norflex, and Prilosec. The treatment plan included a bilateral L4-L5 lumbar ESI with MAC; medical clearance with H&P, EKG, Labs; CBT x6; and biofeedback times 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 Lumbar ESI with MAC: 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;179-80,Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter lumbar spine ESI

Decision rationale: The criteria required by the CA MTUS for the provision of a lumbar ESI were not documented by the requesting provider. The patient is noted to be 12 years status post date of injury with lumbar spine DDD and a subjective radiculopathy. The patient does meet the CA MTUS criteria for a lumbar ESI under fluoroscopic guidance. The use of lumbar spine ESIs is recommended for the treatment of acute or subacute radicular pain in order to avoid surgical intervention. The patient is noted to have objective findings on examination consistent with a nerve impingement radiculopathy; however, there is no objective evidence in the form of imaging studies or Electrodiagnostic studies documenting a nerve impingement radiculopathy to support the medical necessity of the requested ESI. The reported radiculopathy was not corroborated by imaging studies or Electrodiagnostic studies. There is no impending surgical intervention. The patient is being treated for chronic low back pain attributed to lumbar spine DDD. The patient is documented to of had a rehabilitation effort along with physical therapy; however, the last office visit documented reported neurological deficits along a dermatomal distribution to the bilateral lower extremities. The stated diagnoses and clinical findings do not meet the criteria recommended by evidence-based guidelines for the use of a lumbar ESI by pain management. The CA MTUS requires that "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing." The ACOEM Guidelines updated Back Chapter revised 8/08/08 does not recommend the use of lumbar ESIs for chronic lower back pain. The Official Disability Guidelines recommend that ESIs are utilized only in defined radiculopathies and a maximum of two (2) lumbar diagnostic ESIs and a limited number of therapeutic lumbar ESIs are recommended in order for the patient to take advantage of the window of relief to establish an appropriate self-directed home exercise program for conditioning and strengthening. The criteria for a second diagnostic ESI is that the claimant obtain at least 50% relief from the prior appropriately placed ESI. The therapeutic lumbar ESIs are only recommended, "If the patient obtains 50-70% pain relief for at least 6-8 weeks." Additional blocks may be required; however, the consensus recommendation is for no more than four (4) blocks per region per year. The indications for repeat blocks include "acute exacerbations of pain or new onset of symptoms." Lumbar ESIs should be performed at no more than two (2) levels at a session. Although epidural injection of steroids may afford short-term improvement in the pain and sensory deficits in patients with radiculopathy due to herniated nucleus pulpous, this treatment, per the guidelines, seems to offer no significant long-term functional benefit, and the number of injections should be limited to two, and only as an option for short-term relief of radicular pain after failure of conservative treatment and as a means of avoiding surgery and facilitating return to activity. The patient is being treated for a subjective radiculitis with reported chronic low back without MRI or EMG/NCV evidence of a nerve impingement radiculopathy. There is no demonstrated medical necessity for a lumbar spine ESI for the reported chronic pain issues. The request for a bilateral lumbar spine LESI at L4-L5 with MAC is not demonstrated to be medically necessary.

Associated surgical service: Medical Clearance (H&P, EKG & Labs): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Cognitive therapy times 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6--page 115; Pain chapter page(s) 224-26 and on the Official Disability Guidelines (ODG) Mental Stress Chapter--psychological evaluation; Cognitive therapy; Pain chapter psychological evaluations; behavioral interventions

Decision rationale: The patient received a consultation with a psychiatrist who recommended accessions of CBT and six (6) sessions of biofeedback. It is not clear what coping skills the patient would be expected to learn 12 years after the date of injury. The treating physician has provided no rationale supported by objective evidence to support the medical necessity of additional CBT over the recommended trial of four (4) sessions of CBT to demonstrate functional improvement as recommended by evidence-based guidelines. The objective findings documented by the requesting physician do not support the medical necessity of sessions of CBT. The ODG recommends up to 20 sessions of CBT over a period of 13-20 weeks for the provision of CBT in order to teaching pain coping skills. The request for authorization of additional sessions of CBT is not supported with subjective/objective evidence to demonstrate medical necessity. The Official Disability Guidelines recommend that psychological evaluations are used "not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated." There is no rationale provided by the requesting physician supported with objective evidence to support the medical necessity of any additional behavioral therapy for the effects of this industrial injury over the recommended four (4) sessions to demonstrate functional improvement.

Biofeedback times 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203; 231-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Biofeedback

Decision rationale: The requesting physician did not provide subjective/objective evidence to support the medical necessity of the biofeedback for the treatment of the chronic back pain

reported to be the effect of the industrial injury 12 years ago. The CA MTUS does not recommend the use of biofeedback for the treatment of the cited diagnoses for this patient. The ACOEM Guidelines state that Biofeedback is not supported with "high quality medical studies." The ACOEM Guidelines chapter on chronic pain only recommends Biofeedback for select patients with chronic lower back pain that are not surgical candidates. The use of biofeedback is not recommended by the Official Disability Guidelines as a stand-alone treatment. There is no provided subjective/objective evidence to support the medial necessity for biofeedback sessions.The request for authorization is not supported with objective evidence to support the medial necessity of the requested biofeedback sessions. There is no evidence that the biofeedback is medically necessary as opposed to the recommended home exercise program and ongoing physical therapy for the diagnoses cited. After the therapy provided to date, in which the patient sufficiently participated, the patient should be integrated into a home exercise program to condition and strengthen in order to increase function. There is no rationale supported with objective evidence to support the medical necessity of the requested six (6) sessions of biofeedback tor the treatment of this industrial injury. The requested six (6) sessions of biofeedback is not demonstrated be medically necessary.