

Case Number:	CM14-0022608		
Date Assigned:	05/12/2014	Date of Injury:	07/10/2007
Decision Date:	08/08/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/24/2014

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 Occupational 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 52-year-old female who has filed a claim for post lumbar laminectomy syndrome associated with an industrial injury date of July 10, 2007. Review of progress notes indicates low back pain with less flare up of left lower extremity pain since undergoing injection, but the left leg pain is starting to return. The pain radiates from the left lower back into the left groin, buttock, posterior thigh, and the lateral aspect of the calf. Findings include slightly antalgic gait, and limited lumbar range of motion. MRI of the lumbar spine dated April 30, 2013 showed mild increase in multilevel degenerative disc disease; grade 1 retrolisthesis at L1-2 and L2-3; and neuroforaminal narrowing at right L1-2, bilateral L2-3, left L4-5, and bilateral L5-S1. Treatment to date has included opioids, NSAIDs, sedatives, antidepressants, home exercise program, physical therapy, acupuncture, left-sided selective nerve root blocks, cognitive behavioral therapy, and lumbar spinal surgery in May 2013. Utilization review from January 23, 2014 denied the requests for left sided L2, L3, and L4 selective nerve root block as no more than 2 nerve root levels should be injected, and these levels have previously been treated with no documentation of outcome; physical therapy evaluation and 8 work hardening as there was no documentation of goals of work hardening and of benefits from previous treatments; and home workstation ergonomic evaluation as the deficits requiring ergonomic adjustments were not clear.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SIDED L2,L3,L4 SELECTIVE NERVE ROOT BLOCK UNDER FLUOROSCOPY AND INTRAVENOUS SEDATION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Epidural steroid injections, diagnostic.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, diagnostic epidural steroid transforaminal injections, or selective nerve root blocks, are recommended to determine the level or radicular pain in cases where diagnostic imaging is ambiguous. As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for epidural injections in the absence of objective radiculopathy. Criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and conservative treatment. Repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. No more than two nerve root levels should be injected using transforaminal blocks. This patient has had previous left-sided selective nerve root blocks of L2, L4, and L5 in October 2013 with approximately 75% decreased pain, improvement in standing and exercise tolerance, and decreased opioid medication intake lasting about 2 months. This patient has findings suggestive of left L2 and L5 radiculopathy, with MRI findings of multilevel neuroforaminal narrowing. Although the request indicates injections to three nerve root levels, which exceeds guideline recommendations, the effectiveness of previous blocks is sufficient in this case to recommend deviation from guidelines. Therefore, the request for left-sided L2, L3, L4 selective nerve root block under fluoroscopy and intravenous sedation was medically necessary.

PHYSICAL THERAPY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL ENVIRONMENTAL MEDICINE, , 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations chapter, pages 127 and 156.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional

expertise. Page 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. The requesting physician notes that the patient had improvement with previous sessions, and with benefits derived from injections, the patient would be able to better participate in physical therapy. The submitted documentation shows that the patient completed 13 physical therapy visits. There is no documentation regarding the objective functional benefits derived from these sessions. There is no indication regarding the need for a separate evaluation for physical therapy; additional information regarding the objective functional benefits derived from previous sessions is necessary to support additional physical therapy sessions. Therefore, the request for physical therapy evaluation with [REDACTED] was not medically necessary.

8 SESSIONS OF WORK HARDENING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126.

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for admission to a work hardening program includes work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (an FCE(Functional capacity evaluation) may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis); after treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued therapy; not a candidate where surgery or other treatments would be warranted; a defined return to work goal agreed by the employer and employee; no more than two years past date of injury; and upon completion of a rehabilitation program, neither reenrollment nor repetition of similar rehabilitation program is medically warranted for the same condition. OGD (Official Disability Guidelines) recommends 10 visits over 8 weeks. The requesting physician notes that this will be able to improve overall function, and solidify and improve upon the gains already made with prior treatments. In this case, the requesting physician notes that the patient has medium-heavy job demands. There is no indication that the patient is not likely to benefit from continued therapy as progress notes indicate the need for additional physical therapy sessions. Also, there is no documentation of an FCE, or of a defined return to work goal to support this request. Therefore, the request for 8 sessions of work hardening was not medically necessary.

HOME WORK STATION ERGONOMIC EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

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, Ergonomics Interventions.

Decision rationale: CA MTUS does not specifically address ergonomic interventions. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that ergonomic interventions are recommended as an option as part of a return-to-work program for injured workers but there is conflicting evidence for prevention, so case by case recommendations are necessary. The requesting physician notes that the patient is using the computer to find career opportunities, however, there is significant difficulty with prolonged sitting. In this case, the ergonomics interventions are not clearly part of a return-to-work program as it involves the patient's personal computer workstation. Therefore, the request for home workstation ergonomic evaluation was not medically necessary.