

Case Number:	CM14-0024009		
Date Assigned:	06/11/2014	Date of Injury:	07/24/2009
Decision Date:	07/30/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/25/2014

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 Physical Medicine & Rehabilitation, 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 injured worker is a 52-year-old male who reported a heavy lifting injury on 07/24/2009. On 12/27/2013, he reported his back being very stiff and sore and that his pain was increased with prolonged sitting, stooping, or standing. The pain extended into the right buttock and the right sacroiliac. He reported that he could not stand for longer than 20 minutes. On 01/21/2014, he reported continued soreness and pain along the right lumbosacral spine and right iliac crest, radiating down along the right posterolateral leg along the L4 dermatome. An L3-S1 lumbar fusion was performed on 04/15/2013. An MRI (magnetic resonance imaging) of the lumbar spine was completed on 01/07/2014. The results of that MRI were questioned by the examining physician due to the fact that there was no mention of hardware as was expected after the fusion surgery. A neurological re-evaluation on 01/15/2014 noted that the injured worker was status post laminotomy and foraminotomy with posterior instrumentation and fusion at L3 through S1. An attempted interbody fusion at that time was unsuccessful due to the patient's excessive weight and the inability to adequately expose the intervertebral disc spaces. It was recommended that the injured worker attempt to lose thirty pounds prior to surgery. On 01/14/2014, his diagnoses included status post multiple level lumbar fusion, exacerbation of right low back pain with spasm and identifiable trigger points, multilevel lumbar disc protrusion at T12 through S1 measuring greater than 6mm at the L4-5 and L5-S1 levels, in combination with facet arthrosis resulting in neural foraminal narrowing, and right L4 radicular pain. His medications included Norco 7.5/325mg, Norco 10/325mg, Flexeril 7.5mg, and gabapentin 600mg. The treatment plan included a recommendation for an L4-5 transforaminal epidural steroid injection post-surgically to wash away the irritants and help break up the postoperative fibrous tissues. On 01/21/2014, the treatment plan included a request for chiropractic treatments for acute exacerbation. It also mentioned that the injured worker was requesting a second opinion regarding his current low

back condition. The injured worker reported that he is receiving benefit from his current pain medication regimen and stated that his pain level drops from 9/10 to 7/10 after ingesting the medications. He further stated that the use of his pain medications allowed him to get out of bed and perform routine activities of daily living, but without the use of the pain medications he would be mostly bedridden. His lumbar spine ranges of motion were reported to be flexion at 50 degrees, extension at 5 degrees, right lateral flexion at 10 degrees, and left lateral flexion at 10 degrees. A report dated 10/31/2013 noted that the injured worker had received 10 aquatic therapy sessions from 08/21/2013 to 10/29/2013. There is no documentation of any benefit derived from these sessions. A request for authorization including all five decisions dated 01/28/2014 was submitted. A rationale was included for the chiropractic request, for a second opinion request, for epidural steroid injection request, and the weight management program request. There was no rationale found for the NCV (nerve conduction velocity) of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions, two (2) times per week for six (6) weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Manual therapy & manipulation, MTUS - Definitions, functional improvement.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The California MTUS recommend chiropractic for chronic pain if caused by musculoskeletal conditions. It is recommended as an option for low back pain and a trial of six visits over two weeks, and with evidence of objective functional improvements for a total of 18 visits over 6 to 8 weeks is allowable. For elective or maintenance care, it is not medically necessary. For recurrences and flare-ups, the treatment success needs to be re-evaluated if return to work is achieved. After returning to work, one to two visits every four to six months are recommended. Effects should be seen after four to six treatments. There is a maximum duration allowable of eight weeks. After the eighth week, patients should be re-evaluated. Care beyond the eighth weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain, and improving quality of life. In these cases, the treatment may be continued at one treatment every other week until the patient has reached a plateau and maintenance treatments have been determined. The MTUS guidelines further recommend that studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or three to six visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward signs of subjective or objective improvement within the first 6 visits. The medical records submitted did not establish that previous sessions of chiropractic resulted in clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam nor a reduction in the dependency on continued medical treatment. The request for chiropractic does not fall

within the parameters of the guidelines. Therefore, the request for chiropractic sessions, two (2) times per week for six (6) weeks for the lumbar spine is non-certified.

Second opinion consultation for low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pg. 127, and ACOEM Practice Guidelines, pg. 92.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, office visits.

Decision rationale: The request for a second opinion consultation for low back is non-certified. The Official Disability Guidelines (ODG) recommend office visits as determined to be medically necessary. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the healthcare system through self care as soon as clinically feasible. The 01/21/2014 progress note reported that this worker was confused by his surgeon at that time. However, the report did not identify why a second opinion consultation was needed. Additionally, the request did not specify the type of specialty that was requested for the consultation. For these reasons, the request is non-certified.

Transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections can offer short-term pain relief and use should be in connection with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between two and six weeks following the injection but they do not affect impairment or function or the need for surgery and do not provide long-term pain relief beyond three months. The criteria for the use of epidural steroid injections include radiculopathy which must be documented by physical examination and corroborated by imaging, be initially unresponsive to conservative treatment including exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants, and injections should be performed during fluoroscopy for guidance. Other than the aquatic therapy mentioned earlier, there is no documentation of failed trials using exercise, physical therapy, NSAIDs, or muscle relaxants. Additionally, the request does not specify at what level the injection was to be administered. Also, there is no mention of using fluoroscopy for guidance in the request. Therefore, the request for a transforaminal epidural steroid injection is non-certified.

Post-operative NCV (nerve conduction velocity) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, EMGs/NCS.

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, Nerve Conduction Studies (NCS).

Decision rationale: The Official Disability Guidelines (ODG) does not recommend Nerve Conduction Velocity (NCV) study. There is minimal justification for performing NCV when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have a limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, electromyography (EMG)/NCV often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCV. The injured worker was noted to have objective findings of radiculopathy but there appeared to be some discrepancy regarding his postoperative MRI (magnetic resonance imaging) findings. The current evidence-based guidelines state that the use of NCV testing is not recommended to evaluate radiculopathy. Therefore, this request for a postoperative NCV of the bilateral lower extremities is non-certified.

Weight management program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Policy Bulletin: Weight Reduction medications and programs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Lifestyle (diet & exercise) modifications.

Decision rationale: The Official Disability Guidelines (ODG) recommends lifestyle, diet, and exercise modifications as first-line interventions. It further states that reduction of obesity and an active lifestyle can have major benefits. A dietary program must take into account carbohydrate intake, high glycemic index food limitations, adequate protein intake, heart healthy diet use, weight management, and sufficient physical activity. There is no benefit by selectively targeting fat for reduction. Those on a low carb diet burn 350 calories per day more than those on a low fat diet, even though they consumed the same amount of calories in both diets, but with the low carb diet, there were increases in C-reactive protein (CRP), a measure of chronic inflammation, and 24-hour cortisol, the key stress hormone, suggesting that any initial advantages were eroded over time by these biological stressors. The low glycemic index diet as a component of a low carbohydrate is recommended. A low fat diet is not recommended. Drinking large amounts of

diet soda increases the risk for type 2 diabetes. There was no documentation in this injured worker's chart to indicate any failed trials of previously attempts of diet or home-based exercise programs. Additionally, the request did not specify any length of time or frequency parameters for a weight management program. Therefore, the request for a weight management program is non-certified.