MAXIMUS Federal Services

Case Number:	CM14-0029108		
Date Assigned:	06/20/2014	Date of Injury:	10/07/2013
Decision Date:	07/18/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/07/2014

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 has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 59-year-old female with a reported date of injury on 10/07/2013. The mechanism of injury was a fall from a ladder. Her previous treatments were noted to include physical therapy and medications. Her diagnoses were noted to include potential lumbar radiculopathy and compensatory myofascial pain, as well as referred facet-mediated pain.The progress report dated 01/28/2014 reported the injured worker complained of pain in her neck and low back. The low back pain was the worst of the pain, rated 6/10, and was worse with sitting in a prone position and walking. The injured worker reported that the pain was better with physical therapy; however, it was still located in the back and neck. The injured worker reported stiffness and severe muscle aches were the symptoms associated with the pain. The physical examination to the low back reported paraspinal muscles tender to palpation. The range of motion showed extension and rotation were painful bilaterally. The provider reported sensory changes were present in the bilateral lower extremities. The motor strength testing was reported as greater than 3/5 in the bilateral lower extremities through all normal planes of motion. Deep tendon reflexes were asymmetric by side-to-side comparison of patellar and ankle reflexes bilaterally. The request for authorization form was not submitted within the medical records. The request for bilateral L5 transforaminal epidural steroid injection due to the presumed pain generator was the injury to an anterior spinal column component. The request for an interdisciplinary treatment with behavior modification; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interdisciplinary treatment with behavior modification: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-32.

Decision rationale: The request for an interdisciplinary treatment with behavior modification is medically non certified. The injured worker complained of pain in her neck as well as her low back which is the worst of the pain. The California Chronic Pain Medical Treatment Guidelines recommend chronic pain programs for patients with conditions that put them at risk of delayed recovery. The Guidelines state patients should be motivated to improve and return to work, and meet the patient selection criteria. The chronic pain programs are also called multidisciplinary pain programs or interdisciplinary rehabilitation programs; these pain rehabilitation programs combine multiple treatments, and at least include psychological care along with physical therapy and occupational therapy. The Guidelines' criteria for the general use of multidisciplinary pain management programs are: an adequate and thorough evaluation has been made, including baseline functional testing to followup with the same test to note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate or a surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change and is willing to forego secondary gains, including disability payments, to effect this change. Negative predictors of success above have been addressed. There is a lack of evidence in regards to the injured worker experiencing delayed recovery. There is also a lack of documentation in regards to failure of conservative therapy or any previous therapies which have been completed. There is a lack of current measurable objective functional deficits and an indication the injured worker has a significant loss of ability to function independently resulting from the chronic pain. There is also a lack of documentation the injured worker is not a candidate for surgery or other treatments would be clearly warranted or that the injured worker is exhibiting motivation to change and willing to forgego secondary gains, including disability payments, to effect the change. The documentation provided does not show the necessary evaluations were performed and included for review. Therefore, the request is medically non certified.

Bilateral L5 transformaminal epidural steroid injections: Upheld

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

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

Decision rationale: The request for a bilateral L5 transforaminal epidural steroid injection is medically non certified. The injured worker has paraspinal muscles tender to palpation and range of motion was painful bilaterally and sensory changes are present in the bilateral lower extremities. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The Guidelines state epidural steroid injection can offer short term pain relief and should be in conjunction with other rehab efforts, including a continuing home exercise program. There is little information on improved function. The Guidelines criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatments (exercises, physical methods, NSAIDs and muscle relaxants). The injections must be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. The guidelines also state if used for diagnostic purposes, a maximum of two injections should be performed. An MRI performed 04/13/2013 as noted by the physician reported spondylosis at L4-5 from a structural standpoint causing features of radiculopathy, potentially affecting the L5 nerve bilaterally, however there is a lack of documentation regarding failure of conservative treatment as well as a lack of documentation showing significant neurological deficits such as decreased sensation in a specific dermatomal distribution or decreased tendon reflexes. Therefore, the request is medically non certified.