

Case Number:	CM14-0079214		
Date Assigned:	07/18/2014	Date of Injury:	11/22/2005
Decision Date:	09/23/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/29/2014

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, Pain Medicine and is licensed to practice in Texas and Ohio. 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 61-year-old male, who reported an injury on 11/25/2005. The mechanism of injury reportedly occurred when he was cutting with a table saw and there was a kick back and the machine kicked the wood back and hit him in the groin area. His diagnoses included lumbar disc displacement without myelopathy, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, and post laminectomy syndrome of lumbar region. Past treatments included medications, injections. Surgical history included spinal surgery in 2002 and 2006. 07/23/2014, the injured worker was seen for low back pain that was beginning to return, and the oxycodone was no longer lasting for breakthrough pain. The injured worker's first epidural steroid injection was on 04/16/2014. He had a repeat epidural steroid injection scheduled for 08/20/2014. He is scheduled to receive these injections every 4 months, which allows him to decrease his oxycodone intake and function at home. He was able to independently walk his dog at night. Because of his last injection, he was able to take less medication, and has now begun oxycodone 5 to 6 pills per day when previously he was on 8 a day. The provider was attempting to start a conservative regimen for the injured worker where he bikes daily, swims and exercises at 24 Hour Fitness. He goes to yoga sessions weekly. The injured worker complained of low back pain. The pain was rated at 1/10. The pain radiated to the left and right legs. The pain was categorized as aching, burning, and shooting. The pain was better with medication and rest. Current medications included Dendracin lotion 0.0375-30-10% once a day, as needed, Lyrica 100 mg once at bedtime, marijuana (he smokes marijuana and eats it in cookies. He has a medical marijuana card), oxycodone 5-325 mg 1 every 6 hours, Ultracet 1 three times a day, interferon Wellbutrin Sr 100 mg 2 tab twice a day. On examination of the lumbar spine, there was restriction with flexion to 75 degrees, extension to 25 degrees, right

lateral bending to 30 degrees, and left lateral bending to 35 degrees. Neck movements were painful with flexion beyond 60 degrees, extension beyond 10 degrees, and he had severe pain in extension and bilateral rotation, more on the right. The straight leg-raising test was positive. It had been about 4 months since the last epidural steroid injection. Injections have decreased pain by 60% to 75% and functionality had improved. The request is for a bilateral L5-S1 epidural injection and yoga times 6 sessions with [REDACTED] in [REDACTED]. The rationale was provided above. The Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 epidural 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 Expert Reviewer's decision rationale: The request for Bilateral L5-S1 epidural injection is not medically necessary. The CA MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Current research does not support "series-of-three" injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. The injured worker has a history of back pain. The guidelines recommend no more than 2 epidural steroid injections. The injured worker had epidural steroids in the past with improvements obtained. However, there is no current exacerbation of progressive radicular symptoms to support an additional procedure. The injured worker has exceeded the recommendation as per the guidelines. There is no medical necessity for the request therefore, this request is not medically necessary.

Yoga x 6 sessions with [REDACTED] in [REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Yoga
Page(s): 126.

Decision rationale: The Expert Reviewer's decision rationale: The request for Yoga x 6 sessions with [REDACTED] in [REDACTED] is non-certified. The CA MTUS guidelines state that yoga is recommended as an option only for select, highly motivated patients. There is considerable evidence of efficacy for mind-body therapies such as yoga in the treatment of chronic pain. In addition, the impact on depression and disability could be considered as important outcomes for further study. Since outcomes from this therapy are very dependent on a highly motivated patient, we recommend approval where requested by a specific patient, but not adoption for use by any patient. The injured worker has a history of back pain. The injured worker had been approved for 6 yoga sessions in the past. There is limited documentation of objective functional improvement from the prior yoga sessions to support any additional treatment. There is lack of documentation for medical necessity at this time. As such, the request is not medically necessary.