

Case Number:	CM15-0003288		
Date Assigned:	01/14/2015	Date of Injury:	09/27/2004
Decision Date:	03/13/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 63 year old male who sustained an industrial injury on September 27, 2004. He has reported back pain and has been diagnosed with lumbar spine sprain/strain, facet arthropathy L4-L5, L5-S1 bilaterally, and hypertension. Treatment to date has included medical imaging, pain medication, therapy, and facet epidural injection. Currently the injured worker complains about persistent axial pain in the lower back that was getting worse. The treatment plan included medication changes. Per the doctor's note dated 11/20/14 patient had complaints of low back pain at 8-9/10 Physical examination of the low back revealed tenderness on palpation and positive facet loading test. Per the doctor's note dated 10/20/14 patient had complaints of pain in low back at 4/10 with radiation of pain in right thigh and physical examination revealed and negative SLR the medication list include Percocet and celebrex. He had received diagnostic medial branch nerve block that revealed facet arthropathy at L4-5 and L5-S1 on 10/2/13. The patient has had a MRI of the cervical spine that revealed degenerative changes and disc bulges on 10/22/14 and MRI of the low back on 10/22/14 that revealed disc bulge and protrusion and facet arthropathy and an abnormal brain MRI. Any diagnostic imaging report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic, therapeutic and facet injections and epidural injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Epidural steroid injections (ESIs), Page(s): page 46. Decision based on Non-MTUS Citation Chapter: Low Back (updated 03/03/15) Facet joint medial branch blocks (therapeutic injections) Not recommended except as a diagnostic tool. Minimal evidence for treatment. Facet joint injections, lumbar

Decision rationale: Request: Diagnostic, therapeutic and facet injections and epidural injections. Regarding Diagnostic, therapeutic and facet injections. MTUS/ACOEM guideline does not specifically address this issue, hence ODG used. Per the ODG low back guidelines Facet joint medial branch blocks (therapeutic injections) are not recommended except as a diagnostic tool. Minimal evidence for treatment. Per the cited guidelines, facet joint intraarticular injections are under study. In addition, regarding facet joint injections, ODG states 1. No more than one therapeutic intra-articular block is recommended, 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion, 4. No more than 2 joint levels may be blocked at any one time, 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. A recent detailed clinical evaluation of the lumbar region was not specified in the records. Physical examination revealed straight leg raise negative, any diagnostic imaging report was not specified in the records provided. In addition, there was no documented evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. Patient has received an unspecified number of PT visits for this injury. A detailed response of the PT visits was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Previous conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Diagnostic, therapeutic and facet injections is not fully established for this patient. Regarding epidural injections The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Per the cited guideline criteria for ESI are 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Consistent objective evidence of lower extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use

should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. Any evidence of associated reduction of medication use was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for epidural injections is not fully established in this patient.

Retrospective request for spousal reimbursement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Home health services

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (updated 02/27/15) Transportation (to & from appointments)

Decision rationale: Request: Retrospective request for spousal reimbursement. ACOEM/MTUS guideline does not specifically address this issue, hence ODG used. Per the cited guidelines transportation to and from office visits is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009). Evidence of disabilities preventing them from self-transport is not specified in the records provided. Any significant functional deficits that would require spousal reimbursement was not specified in the records provided. Any evidence of recent surgery was not specified in the records provided. Any operative note was not specified in the records provided. Evidence that the patient has functional deficits that prevent him from ambulating and arranging for his own transportation to the medical appointments is not specified in the records provided. The rationale for the need of spousal reimbursement was not specified in the records provided. The medical necessity Retrospective request for spousal reimbursement is not fully established in this patient.

PTP follow-up evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, IME and consultations.

Decision rationale: Request: PTP follow-up evaluation. Per the cited guidelines, the 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. He has reported back pain and has been diagnosed with lumbar spine sprain/strain, facet arthropathy L4-L5, L5-S1 bilaterally, and hypertension. Currently the injured worker complains about persistent axial pain in the lower back that was

getting worse. Per the doctor's note dated 11/20/14 patient had complaints of low back pain at 8-9/10 physical examination of the low back revealed tenderness on palpation and positive facet loading test. Per the doctor's note dated 10/20/14 patient had complaints of pain in low back at 4/10 with radiation of pain in right thigh. The medication list include Percocet and Celebrex. He had received diagnostic medial branch nerve block that revealed facet arthropathy at L4-5 and L5-S1 on 10/2/13. The patient has had MRI of the cervical spine that revealed degenerative changes and disc bulges on 10/22/14 and MRI of the low back on 10/22/14 that revealed disc bulge and protrusion and facet arthropathy and abnormal brain MRI. The patient is taking controlled substances like Percocet. A follow up visit with the primary treating physician is medically appropriate and necessary. The Retrospective request for PTP follow-up evaluation is medically necessary and appropriate.