

Case Number:	CM15-0103564		
Date Assigned:	06/08/2015	Date of Injury:	09/28/2005
Decision Date:	07/13/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/29/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36 year old female, who sustained an industrial injury on 09/28/2005. The injured worker reported an injury to left foot as a result of to having a hospital bed roll over left foot. Diagnosis was left foot contusion. On provider visit dated 05/12/2015 the injured worker has reported mid and low back pain, sciatic in left leg and RDS in left leg. On examination of the reveled limited information. The diagnoses have included reflex sympathetic dystrophy of lower extremity, degeneration of lumbar intervertebral disc and lumbar sacral radiculitis. Treatment to date has included injections and medication: Baclofen, Trazodone, Lactulose, Methadone, Venlafaxine, Protonix, DSS, Trazorel and Fentanyl patch and physical therapy. The provider requested Lumbar L5-S1 intralaminar epidural steroid injection, Baclofen, Methadone 50mg, physical therapy/pool therapy for left lower extremity complex syndrome a neurosurgical referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar L5-S1 interlaminar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs
Page(s): 46-47.

Decision rationale: Based on the 05/12/15 progress report provided by treating physician, the patient presents with mid and lower back pain, sciatica in the left leg and RSD in left leg rated 6/10. The request is for Lumbar L5-S1 Interlaminar Epidural Steroid Injection. Patient's diagnosis per Request for Authorization form dated 05/13/15 includes lumbar degenerative disc disease. Diagnosis on 05/12/15 included degeneration of lumbar intervertebral disc, lumbosacral radiculitis, and Reflex sympathetic dystrophy of lower extremity. Physical examination to the lumbar spine on 01/07/15 was unremarkable with normal findings, including normal gait, normal range of motion and negative orthopedic tests. Significant hyperalgesia noted to left lower extremity particularly from the knee down. The patient also has deformity of the foot as well as skin changes and nail changes in the left foot. Treatment to date has included injections, imaging studies, physical therapy, spinal cord stimulator implant 2007 and explant, and medications. Patient's medications include Baclofen, Methadone, Protonix, Trazorel, Venlafaxine and Fentanyl patch. Patient's work status not provided. Treatment reports were provided from 11/19/14 - 05/12/15. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)". The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing". In addition, MTUS states that the patient must be "Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs and muscle relaxants.)" For repeat ESI, MTUS states, "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." Per 05/12/15 report, the patient had interlaminar lumbar epidural injection to L5/S1 on 02/20/15 "with great results >70% for two months but it is slowly returning. ESI schedule for June given great efficacy in pain management and improvement in daily living and decrease need for opioid." In this case, the patient continues with low back pain and sciatica to the left leg. Given documented benefit from prior injection, a repeat ESI would appear to be indicated. However, there are no documented physical examination findings to support radicular symptoms. Furthermore, Lumbar MRI dated July 2013, per 02/17/15 report revealed "L5-S1: Mild bilateral facet arthropathy with minimal disc bulge. No significant spinal canal stenosis or neuroforaminal stenosis." MRI findings do not corroborate leg symptoms, either. MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

Baclofen 10 mg #90 refills 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-66.

Decision rationale: Based on the 05/12/15 progress report provided by treating physician, the patient presents with mid and lower back pain, sciatica in the left leg and RSD in left leg rated 6/10. The request is for Baclofen 10 mg #90 refills 8. Patient's diagnosis per Request for Authorization form dated 05/13/15 includes lumbar degenerative disc disease. Diagnosis on 05/12/15 included degeneration of lumbar intervertebral disc, lumbosacral radiculitis, and Reflex sympathetic dystrophy of lower extremity. Physical examination to the lumbar spine on 01/07/15 was unremarkable with normal findings, including normal gait. Significant hyperalgesia noted to left lower extremity particularly from the knee down. The patient also has deformity of the foot as well as skin changes and nail changes in the left foot. Treatment to date has included injections, imaging studies, physical therapy, spinal cord stimulator implant 2007 and explant, and medications. Patient's medications include Baclofen, Methadone, Protonix, Trazorel, Venlafaxine and Fentanyl patch. Patient's work status not provided. Treatment reports were provided from 11/19/14 - 05/12/15. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, most LBP cases show no benefit beyond NSAID in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." Baclofen has been included in patient's medications, per progress reports dated 11/24/14, 02/17/15, and 05/12/15. It is not known when Baclofen was initiated. Per 05/12/15 report, treater states the patient "uses Baclofen for muscle spasms, which helps." Per MTUS, duration of use should be short-term (no more than 2-3 weeks). The patient has been on this medication for at least since 11/24/14 report, which is almost 6 months to UR date of 05/20/15. Furthermore, requested medication is listed as one with the least published evidence of clinical effectiveness. In addition, the request for quantity 90 with 8 refills is excessive and does not indicate intended short-term use of this medication. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Methadone 50 mg #60 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89, 80-81.

Decision rationale: Based on the 05/12/15 progress report provided by treating physician, the patient presents with mid and lower back pain, sciatica in the left leg and RSD in left leg rated 6/10. The request is for Methadone 50 mg #60 3 refills. Patient's diagnosis per Request for Authorization form dated 05/13/15 includes lumbar degenerative disc disease. Diagnosis on 05/12/15 included degeneration of lumbar intervertebral disc, lumbosacral radiculitis, and Reflex

sympathetic dystrophy of lower extremity. Physical examination to the lumbar spine on 01/07/15 was unremarkable with normal findings, including normal gait. Significant hyperalgesia noted to left lower extremity particularly from the knee down. The patient also has deformity of the foot as well as skin changes and nail changes in the left foot. Treatment to date has included injections, imaging studies, physical therapy, spinal cord stimulator implant 2007 and explant, and medications. Patient's medications include Baclofen, Methadone, Protonix, Trazorel, Venlafaxine and Fentanyl patch. Patient's work status not provided. Treatment reports were provided from 11/19/14 - 05/12/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6 month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Methadone has been included in patient's medications, per progress reports dated 11/24/14, 02/17/15, and 05/12/15. It is not known when Methadone was initiated. In this case, treater has not stated how Methadone reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Physical therapy/pool therapy for left lower extremity complex regional pain syndrome:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Aquatic therapy Page(s): 98-99, 22.

Decision rationale: Based on the 05/12/15 progress report provided by treating physician, the patient presents with mid and lower back pain, sciatica in the left leg and RSD in left leg rated 6/10. The request is for Physical Therapy/Pool Therapy for left lower extremity complex regional pain syndrome. Patient's diagnosis per Request for Authorization form dated 05/13/15 includes lumbar degenerative disc disease. Diagnosis on 05/12/15 included degeneration of lumbar intervertebral disc, lumbosacral radiculitis, and Reflex sympathetic dystrophy of lower extremity. Treatment to date has included injections, imaging studies, physical therapy, spinal

cord stimulator implant 2007 and explant, and medications. Patient's medications include Baclofen, Methadone, Protonix, Trazorel, Venlafaxine and Fentanyl patch. Patient's work status not provided. Treatment reports were provided from 11/19/14 - 05/12/15. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks" MTUS Guidelines page 22, Chronic Pain Medical Treatment Guidelines: Aquatic therapy is "recommended as an optional form of exercise therapy where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize effect of gravity, so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see physical medicine. Water exercise improved some components of health related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains". Physical examination to the lumbar spine on 01/07/15 was unremarkable with normal findings, including normal gait. Significant hyperalgesia noted to left lower extremity particularly from the knee down. The patient also has deformity of the foot as well as skin changes and nail changes in the left foot. Per 05/12/15 report, treater states the patient "has had significant improvement with PT in the past with great response and improvement in daily activities and would like to continue, physical therapy prescription given for pool therapy for LLE CRPS to help desensitization as well as PT for core strengthening for lumbar radiculopathy." Given patient's diagnosis, a short course of physical therapy would appear to be indicated. However, UR letter dated 05/20/15 states the patient "has already been treated with extensive physical therapy without any significant functional improvement." In this case, treater has not provided a precise treatment history, nor discussed a significant change in symptoms to warrant additional physical therapy. Treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Furthermore, regarding pool therapy, there is no discussion provided as to why the patient cannot perform land-based therapy. Per 11/18/14 physical therapy note, the patient has "full weight-bearing" to the bilateral lower extremities. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Neurosurgical referral: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: Based on the 05/12/15 progress report provided by treating physician, the patient presents with mid and lower back pain, sciatica in the left leg and RSD in left leg rated 6/10. The request is for Neurosurgical Referral. Patient's diagnosis per Request for

Authorization form dated 05/13/15 includes lumbar degenerative disc disease. Diagnosis on 05/12/15 included degeneration of lumbar intervertebral disc, lumbosacral radiculitis, and Reflex sympathetic dystrophy of lower extremity. Physical examination to the lumbar spine on 01/07/15 was unremarkable with normal findings, including normal gait. Significant hyperalgesia noted to left lower extremity particularly from the knee down. The patient also has deformity of the foot as well as skin changes and nail changes in the left foot. Treatment to date has included injections, imaging studies, physical therapy, spinal cord stimulator implant 2007 and explant, and medications. Patient's medications include Baclofen, Methadone, Protonix, Trazorel, Venlafaxine and Fentanyl patch. Patient's work status not provided. Treatment reports were provided from 11/19/14 - 05/12/15. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127: "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. An independent medical assessment also may be useful in avoiding potential conflicts of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification". Treater has not provided medical rationale for the request. It would appear that the current treater feels uncomfortable with the medical issues and has requested for transfer to specialist. ACOEM guidelines indicate that providers are justified in seeking additional expertise in cases where the course of care could benefit from a specialist. There is no indication patient had prior neurosurgical consult. Given the complexity of the patient's condition, this request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.