MAXIMUS Federal Services

Case Number:	CM15-0140627		
Date Assigned:	07/30/2015	Date of Injury:	07/01/2011
Decision Date:	09/23/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/21/2015

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 60 year old female with an industrial injury dated 07-01-2011. The injured worker's diagnoses include acute and chronic lumbar pain, bilateral lower extremities radiculopathy, degenerative disc disease and morbid obesity. Treatment consisted of X-ray, computed tomography, magnetic resonance imaging (MRI), prescribed medications, and periodic follow up visits. In a progress note dated 06-28-2015, the injured worker reported lumbar and bilateral lower extremity pain with bilateral lower extremities radiculopathy, right greater than left. The injured worker rated current pain a 7 out of 10. Objective findings revealed decrease sensation in right L4-S1 distribution, tenderness to palpitation at T12-L1, L3-S1 tenderness to palpitation with para lumbar tenderness to palpitation and positive Valsalva. The treating physician prescribed Vicodin 10-325mg (120), aqua therapy (16 visits), proven neuforaminal narrowing L4-5, L5-S1 injections, computed tomography guided epidural steroid injection (ESI), L5 spine plain films and open Magnetic Resonance Imaging (MRI), now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 10/325mg (120): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with pain in the lumbar spine, rated 7/10, radiating to the bilateral lower extremities. The request is for VICODIN 10/325 MG (120). Patient is status post discectomy surgeries, dates unspecified. Physical examination to the lumbar spine on 06/28/15 revealed tenderness to palpation over the paraspinals at T12-L1 and L3-S1. Range of motion was limited in all planes with pain. Per 05/30/15 progress report, patient's diagnosis include acute and chronic lumbar pain, BLE radiculopathy, DDD, morbid obesity, and neuroforaminal narrowing (L4-5 and L5-S1). Per 05/02/15 progress report, patient's medications include Vicodin, Gabapentin, Prozac, Cymbalta and Advair. Patient is permanently disabled. 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." MTUS p90, maximum dose for Hydrocodone, 60mg/day. The treater has not discussed this request. No RFA was provided either. UR letter dated 06/24/15 modified the request to #90. Oxycodone was included in patient's medications from 12/10/14 and 06/15/15. In this case, treater has not stated how Oxycodone significantly improves patient's activities of daily living. Analgesia is discussed, specifically showing significant pain reduction with use of Oxycodone. UDS results dated 02/03/15 were consistent with patient's medications. However, no CURES or opioid contracts were provided. There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary. The 06/28/15 all list Vicodin but does not adequately discuss its impact on the patient's pain and function. No before and after pain scales are used for analgesia. No ADL's are discussed showing specific functional improvement. There are UDS results, and no adverse effect and other measures of aberrant behavior are discussed. Outcome measures are not discussed and no validated instruments are used showing functional improvement as required by MTUS. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request IS NOT medically necessary.

Aqua therapy (16 visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22.

Decision rationale: The patient presents with pain in the lumbar spine, rated 7/10, radiating to the bilateral lower extremities. The request is for AQUA THERAPY (16 VISITS). Patient is status post discectomy surgeries, dates unspecified. Physical examination to the lumbar spine on 06/28/15 revealed tenderness to palpation over the paraspinals at T12-L1 and L3-S1. Range of motion was limited in all planes with pain. Per 05/30/15 progress report, patient's diagnosis include acute and chronic lumbar pain, BLE radiculopathy, DDD, morbid obesity, and neuroforaminal narrowing (L4-5 and L5-S1). Per 05/02/15 progress report, patient's medications include Vicodin, Gabapentin, Prozac, Cymbalta and Advair. Patient is permanently disabled. MTUS page 22 has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." The patient suffers low back pain radiating into the bilateral lower extremities. The progress reports indicate that the patient is obese. Given the patient's condition, a short course of Aqua Therapy would be indicated. However, there is no discussion as to why the patient cannot participate in traditional weight-bearing exercises. MTUS recommends up to 10 visits of therapy and the request for 16 sessions exceeds what is allowed by MTUS. Therefore, the request IS NOT medically necessary.

Proven Neuforaminal Narrowing L4-5, L5-S1 injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain in the lumbar spine, rated 7/10, radiating to the bilateral lower extremities. The request is for PROVEN NEUROFORAMINAL NARROWING INJECTION L4-5, L5-S1 INJECTIONS. Patient is status post discectomy surgeries, dates unspecified. Physical examination to the lumbar spine on 06/28/15 revealed tenderness to palpation over the paraspinals at T12-L1 and L3-S1. Range of motion was limited in all planes with pain. Per 05/30/15 progress report, patient's diagnosis include acute and chronic lumbar pain, BLE radiculopathy, DDD, morbid obesity, and neuroforaminal narrowing (L4-5 and L5-S1). Per 05/02/15 progress report, patient's medications include Vicodin, Gabapentin, Prozac, Cymbalta and Advair. Patient is permanently disabled. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESIs, under its chronic pain section: Page 46, 47 "radiculopathy must be documented

by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." 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." ODG guidelines, chapter 'Low Back -Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that "At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections."In this case, the patient continues to suffer with low back pain that radiates into the bilateral lower extremities and is diagnosed with BLE radiculopathy. Review of the medical records provided indicate that the patient has had several ESI injections with benefits. MTUS guidelines support ESIs in patients when radiculopathy is documented by physical examination and corroborating imaging or electrodiagnostic studies. Given the patient's radicular symptoms and that the patient has benefited from ESIs in the past, the request would be indicated. However, in review of the medical records provided, there are no imaging or electrodiagnostic studies included. The request does not meet the guidelines, due to lack of required documents, and therefore, it IS NOT medically necessary.

CT guided epidural steroid injection (ESI): Upheld

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

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

Decision rationale: The patient presents with pain in the lumbar spine, rated 7/10, radiating to the bilateral lower extremities. The request is for CT GUIDED EPIDURAL STEROID INJECTION (ESI). Patient is status post discectomy surgeries, dates unspecified. Physical examination to the lumbar spine on 06/28/15 revealed tenderness to palpation over the paraspinals at T12-L1 and L3-S1. Range of motion was limited in all planes with pain. Per 05/30/15 progress report, patient's diagnosis include acute and chronic lumbar pain, BLE radiculopathy, DDD, morbid obesity, and neuroforaminal narrowing (L4-5 and L5-S1). Per 05/02/15 progress report, patient's medications include Vicodin, Gabapentin, Prozac, Cymbalta and Advair. Patient is permanently disabled. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESIs, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." 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." ODG guidelines, chapter 'Low Back -Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that "At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections."In this case, the patient continues to suffer with low back pain that radiates into the bilateral lower extremities and is diagnosed with BLE radiculopathy. Review of the medical records provided indicate that the patient has had several ESI injections with benefits. MTUS guidelines support ESIs in patients when radiculopathy is documented by physical examination and corroborating imaging or electrodiagnostic studies. Given the patient's radicular symptoms and that the patient has benefited from ESIs in the past, the request would be indicated. However, in review of the medical records provided, there are no imaging or electrodiagnostic studies included. The request does not meet the guidelines, due to lack of required documents, and therefore, it IS NOT medically necessary.

L5 spine plain films: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 172. Decision based on Non-MTUS Citation Work Loss Data Institute Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The patient presents with pain in the lumbar spine, rated 7/10, radiating to the bilateral lower extremities. The request is for L5 SPINE PLAIN FILMS. Patient is status post discectomy surgeries, dates unspecified. Physical examination to the lumbar spine on 06/28/15 revealed tenderness to palpation over the paraspinals at T12-L1 and L3-S1. Range of motion was limited in all planes with pain. Per 05/30/15 progress report, patient's diagnosis include acute and chronic lumbar pain, BLE radiculopathy, DDD, morbid obesity, and neuroforaminal narrowing (L4-5 and L5-S1). Per 05/02/15 progress report, patient's medications include Vicodin, Gabapentin, Prozac, Cymbalta and Advair. Patient is permanently disabled. For radiography of the low back, ACOEM Chapter 12, low back, pages 303-305: "Special Studies and Diagnostic and Treatment Considerations Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks." For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG-TWC, Low back Chapter under Radiography

states: "Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks." ODG further states "Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, caudal equine syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The treater has not specifically discussed this request. Review of the medical records provided indicated X-Rays from 2011.The patient continues with pain in the lumbar spine radiating to the bilateral lower extremities and is diagnosed with acute and chronic lumbar pain, BLE radiculopathy. ODG guidelines supports X-Rays for patients with radiculopathy. This request appears to be reasonable and in accordance with guideline recommendations. Therefore, the request IS medically necessary.

Open MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304, 178. Decision based on Non-MTUS Citation http://odg-twc.com/odgtwc/low_back.htm#Radiography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 and 178.

Decision rationale: The patient presents with pain in the lumbar spine, rated 7/10, radiating to the bilateral lower extremities. The request is for OPEN MRI. Patient is status post discectomy surgeries, dates unspecified. Physical examination to the lumbar spine on 06/28/15 revealed tenderness to palpation over the paraspinals at T12-L1 and L3-S1. Range of motion was limited in all planes with pain. Per 05/30/15 progress report, patient's diagnosis include acute and chronic lumbar pain, BLE radiculopathy, DDD, morbid obesity, and neuroforaminal narrowing (L4-5 and L5-S1). Per 05/02/15 progress report, patient's medications include Vicodin, Gabapentin, Prozac, Cymbalta and Advair. Patient is permanently disabled. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. "Repeat MRIs are indicated only if there has been progression of neurologic deficit." ODG guidelines further states that "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, the patient suffers with low back pain radiating to bilateral lower extremities. Examination revealed tenderness to palpation over the paraspinals at T12-L1 and L3-S1. Range of motion was limited in all planes with pain. In 06/28/15 progress report, under treatment plan, treater is requesting for open MRI stating prior MRI is from two years ago and there is new injury, with progression of radicular symptoms. Review of

the progress reports indicate that the patient had MRI in 2012; however, results are not available. Per utilization Review letter dated 07/20/15, the patient had an MRI of the lumbar spine on 04/06/15 but the results were not included in the medical records provided. According to guidelines, for an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. This patient does not present with any of these. Furthermore, treater has not stated the reason for requesting an open MRI as opposed to regular MRI. This request does not meet guideline recommendations and IS NOT medically necessary.