

Case Number:	CM15-0144353		
Date Assigned:	08/05/2015	Date of Injury:	03/05/2002
Decision Date:	08/31/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/24/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 58-year-old male, who sustained an industrial injury on March 5, 2012. Treatment to date has included acupuncture therapy, opioid medications, cervical spine surgery, lumbar epidural steroid injection, physical therapy, chiropractic therapy and diagnostic imaging. Currently, the injured worker complains of neck and low back pain. He rates his neck pain a 4 on a 10-point scale and reports radiation of pain with weakness into his bilateral upper extremities. He reports that heavy lifting and turning his head from side to side increase his pain. His low back pain is described as aching pain and he rates the pain a 6-7 on a 10-point scale. His low back pain radiates to his bilateral lower extremities with associated numbness. He reports that prolonged walking and remaining in one position for a prolonged period of time will increase his pain. He reports no significant changes since his previous evaluation and notes that his acupuncture sessions have helped to reduce his pain. On physical examination the injured worker has a mildly antalgic gait and he has difficulty with heel - toe walking. His cervical and lumbar spine range of motion is decreased in all planes and he has pain from cervical extension. He has tenderness to palpation over the bilateral trapezius, the cervical paraspinals and the lumbar paraspinals. He has decreased sensation in the right C6 and the C7 dermatome with pinprick and light touch as well as bilateral L4 and L5 dermatomes. Straight leg raise test is negative bilaterally and pain is elicited on the right over the lumbar spine. A slump test is positive bilaterally. The diagnoses associated with the request include adjacent segment disease at C3-C4 and C7-T1, status post cervical fusion, cervical radiculopathy, cervical facet syndrome, lumbar herniated nucleus pulposus and lumbar radiculopathy. The treatment plan includes transforaminal epidural steroid injection of the lumbar spine, continued acupuncture therapy, continued pain management care, and continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection (TFESI) at bilateral L4 and L5 roots (L4-L5 and L5-S1): 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 injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, transforaminal epidural steroid injection at bilateral L4-L5 roots (L4-L5 and L5-S1) are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electro diagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory and muscle relaxants); 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. Etc. See the guidelines for details. In this case, the injured worker's working diagnoses are adjacent segment disease at C3-C4 and C7-T-1; status post cervical fusion; cervical radiculopathy; cervical facet syndrome; HNP lumbar spine; and lumbar radiculopathy. The date of injury is March 5, 2012. Request for authorization is June 22, 2015.

According to a May 22, 2015 progress note, the injured worker's subjective complaints are neck and low back pain. The injured worker received 20 acupuncture treatments with temporary relief. The treating provider administered multiple transforaminal epidural steroid injections. These dates include April 10, 2011; 926 2012; and May 12, 2012. There is no documentation of percentage improvement or duration of improvement. Consequently, absent clinical documentation of percentage improvement and duration improvement in association with objective functional improvement of prior transforaminal epidural steroid injections, transforaminal epidural steroid injection at bilateral L4-L5 roots (L4 - L5 and L5 - S1) are not medically necessary.

Ongoing care for pain management: 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), Pain Chapter, Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the Official Disability Guidelines, ongoing care pain management is not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured worker's working diagnoses are adjacent segment disease at C3-C4 and C7-T-1; status post cervical fusion; cervical radiculopathy; cervical facet syndrome; HNP lumbar spine; and lumbar radiculopathy. The date of injury is March 5, 2012. Request for authorization is June 22, 2015. According to a May 22, 2015 progress note, the injured worker's subjective complaints are neck and low back pain. The injured worker received 20 acupuncture treatments with temporary relief. The treating provider (orthopedist) is recommending ongoing monthly follow up visits with the pain management provider. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. There are no progress notes with subjective or objective clinical findings by the pain management provider indicating additional monthly follow-up is indicated. The request for ongoing pain management treating emanates from the treating orthopedist. Consequently, absent clinical documentation indicating an acute need for monthly follow-up, ongoing care pain management is not medically necessary.

Medications: 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 History and physical assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, medications are not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnoses are adjacent segment disease at C3-C4 and C7-T-1; status post cervical fusion; cervical radiculopathy; cervical facet syndrome; HNP lumbar spine; and lumbar radiculopathy. The date of injury is March 5, 2012. Request for authorization is June 22, 2015. According to a May 22, 2015 progress note, the injured worker's subjective complaints are neck and low back pain. The injured worker received 20 acupuncture treatments with temporary relief. The treating provider (orthopedist) wants medications prescribed by the pain management provider. The continuing indication and rationale for medications are guided by the pain management provider's assessment after a detailed history and physical examination are taken from the injured worker. The non-prescribing provider does not guide whether medications are continually indicated. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and a request for medications

by the non-prescribing provider, medications are not medically necessary.