

Case Number:	CM15-0160030		
Date Assigned:	09/01/2015	Date of Injury:	09/24/2012
Decision Date:	10/08/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/17/2015

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 (IW) is a 62 year old female who sustained an industrial injury on 09/24/2012. She reported back pain following a fall. The injured worker was diagnosed as having lumbar radicular pain, lumbar radiculopathy, neuropathic pain, severe depression, and severe anxiety. Treatment to date has included medications, work modifications, and MRI of lumbar spine (10-26-2012). Currently, the injured worker complains of lumbar radicular pain, chronic lumbar radiculopathy, and neuropathic pain. She describes her pain as spasming, achy, with numbness and tingling in bilateral legs, right greater than left, exacerbated with leaning forward or with stress, improved with relaxation. ON exam, she has decreased lumbar range of motion in all planes, tenderness to palpation along the L4 and L5 spinous process with radiation down right leg, and straight leg raise that is positive on the right. The plan of care is for a MRI of the lumbar spine, physical therapy, a lumbo-sacral epidural injection, medications, and for a follow up pain management specialist. A request for authorization was submitted for: 1. L5-S1 Interlaminar epidural steroid injection Qty 1.00; 2. MRI of the lumbar spine, Qty 1.00; 3. Pain management book, Qty 1.00; 4. Physical therapy re-evaluation and treatment 2-3x weekly for 6 weeks for the lumbar spine; 5. Tizanidine 4mg, Qty 1.00; 6. Follow up pain management specialist, lumbar spine Qty 1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Interlaminar epidural steroid injection qty 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The patient presents on 06/24/15 with lumbar spine pain rated 9/10 which radiates into the bilateral lower extremities and associated numbness and tingling in the legs. The patient's date of injury is 09/24/12. Patient has no documented surgical history directed at this complaint. The request is for L5-S1 interlaminar epidural steroid injection qty 1.00. The RFA is dated 07/08/15. Physical examination dated 06/24/15 reveals tenderness to palpation of the lumbar paraspinal muscles and spinous processes from L4 to L5, decreased sensation along the lateral calves of the lower extremities, decreased deep tendon reflexes in the right lower extremity, and positive straight leg raise test on the right. The patient is currently prescribed Tizanidine, Diclofenac, Prilosec, and Xanax. Electrodiagnostic study of the lower extremities, dated 05/28/15 reveals: "Moderate polyneuropathy, symmetrical, primarily demyelinating in nature... possible mild left S1 radiculopathy." Diagnostic MRI dated 07/01/15 reveals: "impingement potential is likely isolated to L4-5 where this is mild to moderate bilateral stenosis of the lateral recesses cause by 3-4mm posterior disc protrusion... At L5-S1 moderate disc height reduction is shown with 2-3mm posterior disc bulge resulting in mild right sided narrowing." Patient's current work status is deferred to PTP. MTUS Chronic Pain Medical Treatment Guidelines 2009, Epidural Steroid Injections section, page 46: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." 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. In this case, the treater is requesting an initial lumbar ESI for the management of this patient's chronic lower back pain. Per progress note dated 06/24/15, the provider notes that this patient has been experiencing unresolved lower back pain with a radicular component lasting many months. Radiculopathy is substantiated by the 11/17/14 progress report, which includes subjective reports of pain which radiates into the bilateral lower extremities and examination findings showing decreased sensation in the lower extremities and positive straight leg raise test on the right. Diagnostic MRI dated 02/04/14 corroborates these findings, as it indicates disc height loss with a posterior disc bulge impinging the right side at the requested levels. The documentation provided satisfies MTUS criteria for an epidural steroid injection and the request is substantiated. Therefore, this request is medically necessary.

MRI of the lumbar spine, qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, under MRIs (magnetic resonance imaging).

Decision rationale: The patient presents on 06/24/15 with lumbar spine pain rated 9/10 which radiates into the bilateral lower extremities and associated numbness and tingling in the legs. The patient's date of injury is 09/24/12. Patient has no documented surgical history directed at this complaint. The request is for MRI of the lumbar spine qty 1.00. The RFA is dated 07/08/15. Physical examination dated 06/24/15 reveals tenderness to palpation of the lumbar paraspinal muscles and spinous processes from L4 to L5, decreased sensation along the lateral calves of the lower extremities, decreased deep tendon reflexes in the right lower extremity, and positive straight leg raise test on the right. The patient is currently prescribed Tizanidine, Diclofenac, Prilosec, and Xanax. Electrodiagnostic study of the lower extremities, dated 05/28/15 reveals: "Moderate polyneuropathy, symmetrical, primarily demyelinating in nature... possible mild left S1 radiculopathy." Diagnostic MRI dated 07/01/15 reveals: "impingement potential is likely isolated to L4-5 where this is mild to moderate bilateral stenosis of the lateral recesses cause by 3-4mm posterior disc protrusion... At L5-S1 moderate disc height reduction is shown with 2-3mm posterior disc bulge resulting in mild right sided narrowing." Patient's current work status is deferred to PTP. MTUS/ACOEM guidelines, Chapter 12, page 303 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG-TWC guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) has the following: Indications for imaging - Magnetic resonance imaging: Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In regard to the request for a repeat MRI of the lumbar spine, treater has not provided evidence of progressive neurological deficit. There is some indication that this patient has had MRI imaging of the lumbar spine to date, though the report was not made available for review. Per 06/24/15 progress note, the provider states: "MRI of the lumbar spine reviewed from October 26, 2012. I am requesting another MRI of the lumbar spine as this patient has worsened pain and has not had an MRI since then." The progress note associated with this request, dated 06/01/15, does include some positive neurological findings in the lower extremities, though these are largely unchanged from previous reports and there is no discussion of re-injury, progressive neurological deficit, or other "red flags" which would warrant repeat imaging. While the provider feels as though repeat imaging is necessary, without documentation of progressive neurological deficit or other red flags indicative of significant injury or decline in this patient's condition, repeat imaging cannot be substantiated. The request is not medically necessary.

Pain management book, qty 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, under Bibliotherapy.

Decision rationale: The patient presents on 06/24/15 with lumbar spine pain rated 9/10 which radiates into the bilateral lower extremities and associated numbness and tingling in the legs. The patient's date of injury is 09/24/12. Patient has no documented surgical history directed at this complaint. The request is for Pain management book qty 1.00. The RFA is dated 07/08/15. Physical examination dated 06/24/15 reveals tenderness to palpation of the lumbar paraspinal muscles and spinous processes from L4 to L5, decreased sensation along the lateral calves of the lower extremities, decreased deep tendon reflexes in the right lower extremity, and positive straight leg raise test on the right. The patient is currently prescribed Tizanidine, Diclofenac, Prilosec, and Xanax. Electrodiagnostic study of the lower extremities, dated 05/28/15 reveals: "Moderate polyneuropathy, symmetrical, primarily demyelinating in nature... possible mild left S1 radiculopathy." Diagnostic MRI dated 07/01/15 reveals: "impingement potential is likely isolated to L4-5 where this is mild to moderate bilateral stenosis of the lateral recesses cause by 3-4mm posterior disc protrusion... At L5-S1 moderate disc height reduction is shown with 2-3mm posterior disc bulge resulting in mild right sided narrowing." Patient's current work status is deferred to PTP. ODG Mental Illness and Stress chapter, under Bibliotherapy has the following: Recommended as an option for mild to moderate depression. Bibliotherapy uses an individual's relationship to the content of books and other written words as therapy. It has been shown to be effective in the treatment of depression, and these results have been shown to be long lasting. An RCT of a physician-delivered bibliotherapy prescription to read the self-help book, Feeling Good (Burns, 1999), resulted in statistically significant decreases in depression symptoms, decreases in dysfunctional attitudes, and increases in quality of life. (Naylor, 2010) Bibliotherapy can be used to treat mild to moderate depression or sub-threshold depressive symptoms, as a sole or supplementary therapy, as a form of guided self-help. The patient works through a structured book, independently from the doctor. The role of the doctor is to support and motivate the patient as they continue through the book and to help clarify any questions or concerns the patient may have. Patients need to have a reading age above 12 years and have a positive attitude toward self-help. Bibliotherapy has high-level evidence of efficacy and no serious adverse effects have been reported. In regard to the pain management book, the request is appropriate. Progress note dated 06/24/15 states that this booklet is "The Pain Survival Guide" by Dennis Turk, PhD - which is a self-help book which teaches pain management and coping techniques for patients suffering from chronic pain. Official disability guidelines support bibliotherapy as a low-cost, low-risk treatment option, which could produce benefits for this patient. Therefore, the request is medically necessary.

Physical therapy re-evaluation and treatment 2-3x weekly for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents on 06/24/15 with lumbar spine pain rated 9/10 which radiates into the bilateral lower extremities and associated numbness and tingling in the legs. The patient's date of injury is 09/24/12. Patient has no documented surgical history directed at this complaint. The request is for Physical therapy re-evaluation and treatment 2-3 x weekly for 6 weeks for the lumbar spine. The RFA is dated 07/08/15. Physical examination dated 06/24/15 reveals tenderness to palpation of the lumbar paraspinal muscles and spinous processes from L4 to L5, decreased sensation along the lateral calves of the lower extremities, decreased deep tendon reflexes in the right lower extremity, and positive straight leg raise test on the right. The patient is currently prescribed Tizanidine, Diclofenac, Prilosec, and Xanax. Electrodiagnostic study of the lower extremities, dated 05/28/15 reveals: "Moderate polyneuropathy, symmetrical, primarily demyelinating in nature... possible mild left S1 radiculopathy." Diagnostic MRI dated 07/01/15 reveals: "impingement potential is likely isolated to L4-5 where this is mild to moderate bilateral stenosis of the lateral recesses cause by 3-4mm posterior disc protrusion... At L5-S1 moderate disc height reduction is shown with 2-3mm posterior disc bulge resulting in mild right sided narrowing." Patient's current work status is deferred to PTP. MTUS Chronic Pain Medical Treatment Guidelines 2009, Physical Medicine Section, pages 98, 99 has the following: "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." In regard to the 12-18 physical therapy sessions for the lumbar spine, the provider has exceeded guideline recommendations. There is no documentation of recent physical therapy directed at this patient's lower back complaints. MTUS guidelines support 8-10 physical therapy treatments for complaints of this nature. Were the request for 10 sessions of physical therapy, the recommendation would be for approval. However, the request for 12-18 sessions exceeds guideline recommendations and cannot be substantiated. Therefore, the request is not medically necessary.