

Case Number:	CM15-0167411		
Date Assigned:	09/08/2015	Date of Injury:	10/30/2007
Decision Date:	10/13/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/25/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 October 30, 2007. He reported pain in the lower thoracic spine to mid thoracic spine and upper half of the lumbar spine when loading large bags of cement. The injured worker was diagnosed as having adjacent segment disease at C3-C4 and C7-T1, status post cervical fusion, cervical radiculopathy, cervical facet syndrome, herniated nucleus pulposus (HNP), and lumbar radiculopathy. The injured worker's previous treatments and diagnostics included acupuncture, medial branch blocks, epidural steroid injections (ESIs), physical therapy, chiropractic therapy, cervical spine rhizotomy, MRIs, electromyography, and medication. The injured worker currently reports neck and low back pain, with pain radiating to the bilateral shoulders and down both arms, and numbness in his bilateral hands. The Primary Treating Physician's report dated July 1, 2015, noted the injured worker reported a 20% increase in the neck pain over the past weekend which caused headaches. The injured worker rated his pain as 7 out of 0 on the pain scale. The injured worker's last day worked was noted to be May 28, 2008. The injured worker was noted to have had previous lumbar epidurals, with the most recent in 2013 with significant benefit of almost no pain for an extended period of time times one year. The injured worker's current medications of Norco, Prevacid, Carafate, Atenolol, Miralax, a medicated spray, and herbal patches, were noted to be prescribed by his pain management physician. The physician examination was noted to show the injured worker with a mildly antalgic gait, with decreased range of motion in all planes of the cervical and lumbar spine, and mild tenderness to palpation over the bilateral trapezius, cervical paraspinals, and lumbar paraspinal muscles. Sensation was noted to be decreased in the

right C6 dermatome, C7 dermatome, and bilateral L4 and L5 dermatomes, on the right greater than the left. The treatment plan was noted to include a request for a transforaminal epidural steroid injection at the bilateral L4 and L5 roots, continued acupuncture therapy, ongoing care with pain management on a monthly basis, and request that the medications prescribed by the pain management physician be authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEFSI bilateral L4 and L5 roots L4-5 and L5-S1 levels: 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): Epidural steroid injections (ESIs).

Decision rationale: A selective nerve root block, or transforaminal epidural steroid injection (TFESI), is a variation of the traditional midline ESI; the spinal nerve roots exit the spine laterally. Based on a patient's medical history, a physical exam, and MRI findings, often a specific inflamed nerve root can be identified. According to the CA MTUS guidelines, criteria for ESI's include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, the physician requested authorization for TFESIs at the bilateral L4 and L5 roots at the L4-L5 and L5-S1 levels. The documentation provided noted the most recent epidural steroid injections (ESIs) in 2013 had significant benefit, without documentation of objective, measurable pain improvement or notation of reduction in medication use related to the ESIs. The electromyography study from March 2011 was noted to show no electrodiagnostic evidence of lumbar radiculopathy. The injured worker was noted to be responsive to conservative treatment with ongoing acupuncture therapy reducing pain by greater than 50%. The injured worker was not noted to be unresponsive to conservative therapy, and did not have objective, measurable improvement documented from his previous ESIs, nor reduction in medication use related to the ESIs noted. Medical necessity of the requested TFESIs has not been established. The requested services 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, Pain Chapter, and Office visits.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines note that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain, with the efficacy of treatment accomplished by reporting functional improvement. The MTUS notes that functional improvement is defined as clinically significant improvement in the activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. The MTUS American College of Occupational and Environmental Medicine noted that referrals may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery. The physician requested authorization for ongoing care with the pain management physician on a monthly basis. The most recent documentation provided by the pain management provider was from February 5, 2015, and noted the injured worker was to follow up at least every 30 to 45 days. The documentation provided did not include current progress notes from the pain management physician. The primary treating physician noted the injured worker stated he needed to continue to see the pain management physician, without indication from the primary treating physician that he was uncomfortable or unable to manage the injured worker's care. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for ongoing care for pain management.

Medications (unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

Decision rationale: The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. The physician requested authorization for the medications prescribed by the pain management physician. The documentation provided does not include a current progress note from the pain management physician, nor is there an indication of what medications are being requested. Therefore, based on the guidelines and the lack of documentation to identify the medications requested, the request for medications (unspecified) is not medically necessary.