

<b>Case Number:</b>	CM15-0184314		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	11/07/2001
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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 female who sustained an industrial injury on 11-7-01. The injured worker reported pain bilateral hip pain. A review of the medical records indicates that the injured worker is undergoing treatments for disc degeneration lumbar spine and facet arthropathy. Medical records dated 8-17-15 indicate the injured worker was with "pain everywhere." Provider documentation dated 6-29-15 noted the work status as retired. Treatment has included status post anterior cervical discectomy and fusion (2011), injection therapy, Norco since at least May of 2015 and Soma since at least May of 2015. Objective findings dated 8-17-15 were notable for decreased sensation, hypersensitivity in upper and lower extremities and pain with extension and rotation of the spine. The original utilization review (9-11-15) partially approved a request for 1 bilateral lumbar epidural steroid injection at L4-5, 8 post injection physical therapy visits and Norco 10-325 milligrams quantity of 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Bilateral lumbar epidural steroid injection at L4-5: 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:** Based on the 06/29/15 progress report provided by treating physician, the patient presents with back and bilateral lower extremity pain. The patient is status post lumbar fusion in 2012. The request is for 1 BILATERAL LUMBAR EPIDURAL STEROID INJECTION AT L4-5. RFA with the request not provided. Patient's diagnosis on 08/17/15 includes disc degeneration lumbar spine, facet arthropathy, status post fusion of her neck and her back, with restless leg syndrome. Treatment to date has included surgery, electrodiagnostic studies, injections, physical therapy and medications. Patient's medications include Norco and Soma. The patient is retired. MTUS, page 46, Epidural steroid injections (ESIs) Section 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." Physical examination of the lumbar spine on 08/17/15 revealed pain on extension and rotation, decreased sensation, and hypersensitivity in the bilateral lower extremities, with positive radicular symptomatology. EMG of the lumbar spine dated 08/31/15 demonstrated "a chronic bilateral L5 lumbar radiculopathy pattern without acute or active ongoing denervation signals." Per 06/29/15 report, treater states the patient "has not had an injection of the lumbar spine since February of 2015. She has radiating pain in the bilateral lower extremities. I think we need to do a repeat epidural injection. She has had great relief with the injections in the past. Now she has some radicular symptomology and restless leg syndrome which exacerbates these problems as well, but the injections see to calm that down a great deal. Bilateral Lumbar Epidural steroid injection at L4-5 as well as post injection physical therapy to be completed two times a week for four weeks to the lumbar spine." MTUS states that "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." In this case, it is not clear where the prior epidural injections were administered. Treater does not document the efficacy of prior injections and has not provided documentation to substantiate a repeat lumbar ESI based on guideline criteria. Therefore, the request IS NOT medically necessary.

**8 Post injection physical therapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Low Back Lumbar & Thoracic (Acute & Chronic) Chapter under Physical therapy.

**Decision rationale:** Based on the 06/29/15 progress report provided by treating physician, the patient presents with back and bilateral lower extremity pain. The patient is status post lumbar fusion in 2012. The request is for 8 POST INJECTION PHYSICAL THERAPY VISITS. RFA with the request not provided. Patient's diagnosis on 08/17/15 includes disc degeneration lumbar spine, facet arthropathy, status post fusion of her neck and her back, with restless leg syndrome. Physical examination of the lumbar spine on 08/17/15 revealed pain on extension and rotation, decreased sensation, and hypersensitivity in the bilateral lower extremities, with positive radicular symptomatology. EMG of the lumbar spine dated 08/31/15 demonstrated "a chronic bilateral L5 lumbar radiculopathy pattern without acute or active ongoing denervation signals." Treatment to date has included surgery, electrodiagnostic studies, injections, physical therapy and medications. Patient's medications include Norco and Soma. The patient is retired. 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." ODG Guidelines, Low Back Lumbar & Thoracic (Acute & Chronic) Chapter under Physical therapy (PT) states: Post Epidural Steroid Injections: ESIs are currently recommended as a possible option for short-term treatment of radicular pain (sciatica), defined as pain in dermatomal distribution with corroborative findings of radiculopathy. The general goal of physical therapy during the acute/subacute phase of injury is to decrease guarding, maintain motion, and decrease pain and inflammation. Progression of rehabilitation to a more advanced program of stabilization occurs in the maintenance phase once pain is controlled. There is little evidence-based research that addresses the use of physical therapy post ESIs, but it appears that most randomized controlled trials have utilized an ongoing, home directed program post injection. Based on current literature, the only need for further physical therapy treatment post ESI would be to emphasize the home exercise program, and this requirement would generally be included in the currently suggested maximum visits for the underlying condition, or at least not require more than 2 additional visits to reinforce the home exercise program. ESIs have been found to have limited effectiveness for treatment of chronic pain. The claimant should continue to follow a home exercise program post injection. (Luijsterburg, 2007) Post-injection treatment: 1-2 visits over 1 week. Per 06/29/15 report, treater states the patient "has not had an injection of the lumbar spine since February of 2015. She has radiating pain in the bilateral lower extremities. I think we need to do a repeat epidural injection. She has had great relief with the injections in the past. Now she has some radicular symptomatology and restless leg syndrome which exacerbates these problems as well, but the injections seem to calm that down a great deal. Bilateral Lumbar Epidural steroid injection at L4-5 as well as post injection physical therapy to be completed two times a week for four weeks to the lumbar spine." Treater is requesting 8 post-operative physical therapy sessions following the patient's injection. The patient has had prior physical therapy, but treater has not provided a precise treatment history. In addition, ODG recommends 1-2 PT visits post-injection. The request for 8 visits is excessive and would exceed guideline recommendation. Furthermore, the request for Bilateral Lumbar ESI L4-L5 has not been recommended for certification, which

would not warrant necessity for this associated request for post-injection physical therapy. Therefore, the request IS NOT medically necessary.

**Norco 10/325mg #90:** 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Based on the 06/29/15 progress report provided by treating physician, the patient presents with neck and back pain with bilateral lower extremity pain. The patient is status post cervical fusion in 2011, and lumbar fusion in 2012. The request is for NORCO 10/325MG #90. RFA with the request not provided. Patient's diagnosis on 08/17/15 includes disc degeneration lumbar spine, facet arthropathy, status post fusion of her neck and her back, with restless leg syndrome. Physical examination of the lumbar spine on 08/17/15 revealed pain on extension and rotation, decreased sensation, and hypersensitivity in the bilateral lower extremities, with positive radicular symptomatology. EMG of the lumbar spine dated 08/31/15 demonstrated "a chronic bilateral L5 lumbar radiculopathy pattern without acute or active ongoing denervation signals." Treatment to date has included surgery, electrodiagnostic studies, injections, physical therapy and medications. Patient's medications include Norco and Soma. The patient is retired. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 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." Norco has been included in patient's medications, per progress reports dated 05/19/15 and 08/17/15. It is not known when this medication was initiated. In this case, treater has not stated how Norco 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, ADLs, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4As. Furthermore, MTUS does not clearly support chronic opiate use for the patient's chief complaint of chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.