

Case Number:	CM15-0185400		
Date Assigned:	09/25/2015	Date of Injury:	05/04/2004
Decision Date:	11/06/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/21/2015

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 59 year old male, who sustained an industrial injury on 5-4-04. The injured worker was diagnosed as having lumbar facet pain; lumbar radicular pain. Treatment to date has included status post lumbar laminectomy; status post disc replacement lumbar; status post L5-S1 posterior lateral fusion with segmental fixation; medications. Currently, the PR-2 notes dated 1-14-15 indicated the injured worker complains of persistent low back pain and reports combination of current medications is not helping. He reports he is taking two tablets of hydrocodone instead of one tablet at one time for his pain. He recently saw the neurosurgeon who recommended lumbar epidural blocks. The provider documents "Cyclobenzaprine is not helping for muscle pain and spasms. He is waiting for authorization for lumbar block. Also continues to have difficulty sleeping. He tried gabapentin in the past and that did not help, therefore he does not want to try gabapentin. I discussed various treatment options with patient and also adverse effects associated with medications. He agrees that we should try Fentanyl patch for his long acting pain control since Norco 10-325mg four tablets per day is not enough for his pain." Notes do reveal the injured worker is a status post lumbar laminectomy; status post disc replacement lumbar; status post L5-S1 posterior lateral fusion with segmental fixation (12-2-2011). The provider further notes that an orthopedic consultation dated 11-5-08 recommended facet blocks for his back pain due to pain most likely due to device placement. Instead, the injured worker has lumbar epidural steroid injection (ESI) block at L4-L5 on 10-22-13. There are no results of that ESI procedure noted. The provider also notes the injured worker has had trouble with medications that led to seizure activity and was seen by a neurologist in 2013. The provider notes that he again had difficulties with medications causing seizure activity, emergency room visits for headaches, vomiting, seizures, stomach bleeding,

laceration, back pain in 2014. He was also seen in 2014 by a psychiatrist for "strong vulnerability to somatization and tendency to develop symptoms in reaction to stress". PR-2's dated in January 2015 and then the submitted a PR-2 dated 8-21-15 is documented by the provider stating "he continues to have persistent lower back pain, lower extremity pain stating his pain severity today is 5 out of 10. He reports his pain is deep and aching throbbing pain increasing into the lower extremities. He feels his pain is increasing. He has been waiting for lumbar epidural per suggestion of surgeon to evaluate the need for surgery. Lumbar epidural has been denied, so he is quite unsure what to do at this point He knows his pain is not improving only increasing. Current medication does not help a bit to reduce his pain level and allow him to slightly increase activity level. He is trying to walk for exercise and also do some stretching exercises." The provider reviews all of his MRI's and CT scans. The most recent is a MRI of the thoracic spine dated 10-7-14 with "no acute thoracic spinal abnormality". A CT scan of the lumbar spine is dated 12-19-12 revealing "artificial disc at L5-S1 with pedicle screws in place. No evidence of loosening around any of the metal and no evidence of hardware complication." On physical examination, the provider documents "Psychiatric: positive for anxiety and restless. Tenderness and spasms noted lumbar paraspinal muscle. Stiffness noted motion lumbar spine. Limited mobility of spine due to pain level. Sensory to light touch normal bilateral lower extremities, increased sensitivity to right anterior L4-L5 dermatome. Antalgic gait noted. Otherwise, no changes noted." The treatment plan included prescription refills and to "stop Flexeril and try Baclofen due to inadequate response". A Request for Authorization is dated 9-18-15. A Utilization Review letter is dated 8-19-15 and non-certification was for bilateral lumbar epidural steroid injection to L3-L4, L4-L5 with pre-procedure consultation. A request for authorization has been received for bilateral lumbar epidural steroid injection to L3-L4, L4-L5 with pre-procedure consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar epidural steroid injection to L3-L4, L4-L5 with pre-procedure consultation: 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: The current request is for bilateral lumbar epidural steroid injection to L3-L4, L4-L5 with pre-procedure consultation. The RFA is dated 09/18/15. Treatment history include L5-S1 posterior lateral fusion with segmental fixation (12-2-2011), lumbar epidural steroid injection (ESI) block at L4-L5 on 10-22-13, interlaminar epidural steroid injection at L4-5 on 10/07/11, physical therapy and medications. The patient may return to modified duty. MTUS Guidelines, 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. Per report 09/04/15, the patient presents with persistent lower back pain and lower extremity pain with a burning and cramping feeling. The patient would like to pursue a lumbar epidural. The treater states that epidural injections have helped him in the past reduce pain in the lower extremity. Examination revealed tenderness and spasms noted in the lumbar paraspinal, stiffness noted on motion of the spine, normal sensory in the bilateral lower extremities, strength is 5/5, and antalgic gait. The most recent MRI of the lumbar spine from 04/16/10 revealed metal artifact which obscures the disc space of L5-S1 where there is a known displacement. Minimal disc bulging at the neural foramina at L1 to L5 and impingement on the nerve roots. Mild facet degenerative changes a L4-5, L5-S1 and minimal at L3-4. EMG/NCS of the bilateral lower extremities from 11/15/13 produced normal results with no evidence of radiculopathy or neuropathy. In this case, the MRI findings do not correspond to the patient's subjective complaints, and the physical examination did not indicate radiculopathy. In addition, the treater states that prior epidural injections has helped him in the past reduce pain in the lower extremity, and MTUS guidelines require documentation of at least 50% pain relief lasting from 6-8 weeks to consider repeat lumbar ESI's. Without proper documentation of prior ESI efficacy, a repeat injection cannot be supported. Therefore, the request is not medically necessary.

Pool therapy for the low back, 3-6 months: 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): Aquatic therapy, Physical Medicine.

Decision rationale: The current request is for pool therapy for the low back, 3-6 months. The RFA is dated 09/18/15. Treatment history include L5-S1 posterior lateral fusion with segmental fixation (12-2-2011), lumbar epidural steroid injection (ESI) block at L4-L5 on 10-22-13, interlaminar epidural steroid injection at L4-5 on 10/07/11, physical therapy and medications. The patient may return to modified duty. MTUS Guidelines, Aquatic therapy section, page 22 states: "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine." MTUS Guidelines, Physical Medicine section, pages 98-99 state: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks." Per report 09/04/15, the patient presents with persistent lower back pain and lower extremity pain with a burning and cramping feeling. The patient would like to pursue lumbar epidural. The treater states that epidural injections have helped him in the past reduce pain in the lower extremity. Examination revealed tenderness and spasms noted in the lumbar paraspinal, stiffness noted on motion of the spine, normal sensory in the bilateral lower extremities, strength is 5/5, and antalgic gait. The treater has recommended pool therapy. There is no indication of prior aqua therapy for this patient. In this case, there is no discussion that the patient is extremely obese, or requires weight reduced exercises. There are no details about the need for the use of specialized equipment, either. In addition, without an appropriate number of sessions to be performed, the request as written cannot be supported. Therefore, this request is not medically necessary.