

Case Number:	CM15-0187639		
Date Assigned:	09/29/2015	Date of Injury:	03/18/2014
Decision Date:	11/13/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/23/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 03-18-2014. Current diagnoses include spinal stenosis, low back pain, and lumbar radiculopathy. Report dated 08-26-2015 noted that the injured worker presented with complaints that included lumbar pain radiating down bilateral legs with numbness, tingling, pain, and weakness. Other complaints include cervical pain radiating to bilateral arms. Pain level was not included. Physical examination performed on 08-26-2015 revealed decreased lumbar range of motion, decreased cervical range of motion, and left C6 and C7 hypesthesias. Previous diagnostic studies included x-rays, EMG, and cervical, thoracic, and lumbar MRI. Previous treatments included medications, epidural injection, physical therapy, and acupuncture. The treatment plan included continued physical therapy with aquatic therapy and cervical traction, request for caudal lumbar facet blocks, recommendation for cervical surgery, and return to clinic after some physical therapy and after reviewing the cervical TDR literature, and a prescription for Norco. Request for authorization dated 09-01-2015, included requests for land and water therapy, caudal lumbar facet block, and transfer of care. The utilization review dated 09-09-2015, non-certified the request for aquatic therapy, 8 visits for treatment of cervical radiculopathy, and referral for caudal lumbar facet blocks for treatment of congenital stenosis of caudal lumbar levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy, 8 visits for treatment of cervical radiculopathy: 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.

Decision rationale: 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. The medical records submitted for review contain no compelling rationale necessitating aquatic therapy over land-based therapy. The request is not medically necessary.

Referral for caudal lumbar facet blocks for treatment of congenital stenosis of caudal lumbar levels: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127; Official Disability Guidelines (ODG), Criteria for the use of diagnostic blocks for facet "mediated" pain.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 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. Per progress report dated 8/26/15, the injured worker

stated that his right leg experiences numbness consistent with L5. There was no sensory disturbance to light touch. Reflexes were intact bilaterally. MRI of the lumbar spine revealed some degree of congenital stenosis at L4-S1, but no significant DDD or HNP and only slight lateral recess stenosis at caudal segments. Above-mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so caudal facet block is not indicated. The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. As the injured worker does not meet the criteria for the requested treatment, the request is not medically necessary.