

Case Number:	CM15-0189750		
Date Assigned:	10/01/2015	Date of Injury:	05/08/2014
Decision Date:	12/09/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/25/2015

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: 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:

This is a 49 year old female who sustained an industrial injury on 5-8-2014. A review of the medical records indicates that the injured worker is undergoing treatment for disc degeneration of lumbar spine and facet arthropathy, status post blocks in the past. According to the progress report dated 8-10-2015, the injured worker complained of radiating pain in the lower extremities. It was noted that she was four months status post a block; she got great relief. She was working four days a week with modified duty. Spinal exam (8-10-2015) revealed pain with extension and rotation. Paraspinal spasm was present. Treatment has included physical therapy, left L4-5 facet joint injection (4-16-2015) and medications (Norco since at least 5-2015). In the treatment plan (8-10-2015) the physician noted that the injured worker had radicular symptomatology with corroborating imaging studies for the congenital spinal stenosis. The original Utilization Review (UR) (9-3-2015) denied requests for bilateral lumbar epidural steroid injection at L4-5, Norco and post-operative physical therapy for trunk stabilization.

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 at L4-L5: 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: Based on the 08/10/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the lower extremities. The request is for Bilateral lumbar epidural steroid injection at L4-L5. Patient's diagnosis per Request for Authorization form, dated 08/28/15, includes lumbar spine degenerative disc disease. Treatment to date has included imaging studies, lumbar block, physical therapy and medications. Patient's medications include Norco. The patient is working modified-duty, per 08/10/15 report. 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 to the lumbar spine on 08/10/15 revealed spasm, paraspinal tenderness and pain on extension and rotation. Treater states in physical examination finding on 05/12/15 that the patient has neurogenic claudication and radicular symptomatology. Radiculopathy in the left lower extremity with straight leg raising, cram and Lasegue; as well as decreased sensation in the lower extremities. MRI of the lumbar spine dated 10/10/14 demonstrated "3mm broad based left sided disk protrusion noted at the L4-L5 level. The protruding disk flattens the ventral aspect of the thecal sac and abuts the emerging left L5 nerve root within the spinal canal. There is associated mild narrowing of the spinal canal at this level. Mild bilateral degenerative facet changes are noted at this level as well with associated mild narrowing of the spinal canal at this site." Per 08/10/15 report, treater states, "the patient has continued pain, radiating pain in the lower extremities. She is four months status post a block. She got great relief. She is working a four-day week. We still have to try to get another injection on this... She still has some discomfort with this...She has congenital spinal stenosis. She had great relief with the injection, but did not quite get as much as we need to, so we have to do another one with a higher dose. This is key for her to try and do some physical therapy. We do not want to have to do surgical intervention, but we want to get her back to a higher function. Let's see how we do with a repeat block to calm this area down as soon as we can...We will try to do a repeat block. She has got radicular symptomatology. She has corroborating imaging studies for congenital spinal stenosis. She had excellent relief with the injections in the past, but the pain is coming back..." Operative report dated 12/18/14 states the patient had "left L4-5 lumbar epidural injection." Operative report dated 04/16/15 states the patient had caudal epidural and left L4-L5 facet joint injection. Treater has documented radiculopathy with physical examination findings and corroborated by imaging studies, as required by MTUS criteria for ESI. For repeat injections, guidelines require documentation of "at least 50% pain relief with associated reduction of medication use for six to

eight weeks." In this case, the patient had a change in work status and is working, which indicates significant functional improvement and treater has discussed benefit from prior lumbar ESI. Unfortunately, the patient has a return of symptoms. This request for a repeat lumbar injection appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

Norco 10/325 mg #60 refills times 1: 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): Opioids, criteria for use, Medications for chronic pain, Opioids for chronic pain.

Decision rationale: Based on the 08/10/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the lower extremities. The request is for Norco 10/325 mg #60 refills times 1. Patient's diagnosis per Request for Authorization form, dated 08/28/15, includes lumbar spine degenerative disc disease. Physical examination to the lumbar spine on 08/10/15 revealed spasm, paraspinal tenderness and pain on extension and rotation. Treater states in physical examination finding on 05/12/15 that the patient has neurogenic claudication and radicular symptomatology. Radiculopathy in the left lower extremity with straight leg raising, cram and Lasegue; as well as decreased sensation in the lower extremities. MRI of the lumbar spine dated 10/10/14 demonstrated "3mm broad based left sided disk protrusion noted at the L4-L5 level. The protruding disk flattens the ventral aspect of the thecal sac and abuts the emerging left L5 nerve root within the spinal canal. There is associated mild narrowing of the spinal canal at this level. Mild bilateral degenerative facet changes are noted at this level as well with associated mild narrowing of the spinal canal at this site." Treatment to date has included imaging studies, lumbar block, physical therapy and medications. Patient's medications include Norco. The patient is working modified-duty, per 08/10/15 report. 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 4 A's (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, 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." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications

per progress reports dated 10/23/14, 05/15/15, and 08/10/15. It is not known when this medication was initiated. In this case, the patient is working, which indicates significant functional improvement. However, treater has not documented analgesia with pain scales or validated instruments in addressing the 4 A's. There are no specific discussions regarding aberrant behavior, adverse reactions, analgesia, etc. No UDSs, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4 A's. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. In addition, Norco would appear to be indicated to cover patient's post-injection pain, but the request for quantity 60 with one refill would be excessive. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Post-operative physical therapy for trunk stabilization; 8 sessions (2 times 4): 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): 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 08/10/15 progress report provided by treating physician, the patient presents with low back pain that radiated to the lower extremities. The request is for Post-operative physical therapy for trunk stabilization; 8 sessions (2 times 4). Patient's diagnosis per Request for Authorization form, dated 08/28/15, includes lumbar spine degenerative disc disease. Physical examination to the lumbar spine on 08/10/15 revealed spasm, paraspinal tenderness and pain on extension and rotation. Treater states in physical examination finding on 05/12/15 that the patient has neurogenic claudication and radicular symptomatology. Radiculopathy in the left lower extremity with straight leg raising, cram and Lasegue; as well as decreased sensation in the lower extremities. MRI of the lumbar spine dated 10/10/14 demonstrated "3mm broad based left sided disk protrusion noted at the L4-L5 level. The protruding disk flattens the ventral aspect of the thecal sac and abuts the emerging left L5 nerve root within the spinal canal. There is associated mild narrowing of the spinal canal at this level. Mild bilateral degenerative facet changes are noted at this level as well with associated mild narrowing of the spinal canal at this site." Treatment to date has included imaging studies, lumbar block, physical therapy and medications. Patient's medications include Norco. The patient is working modified-duty, per 08/10/15 report. 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/sub acute 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. (Luijesterburg, 2007) "Post-injection treatment: 1-2 visits over 1 week." Per 08/10/15 report, treater states "the patient has continued pain, radiating pain in the lower extremities. She is four months status post a block. She got great relief. She is working a four-day week. We still have to try to get another injection on this... She still has some discomfort with this...She has congenital spinal stenosis. She had great relief with the injection, but did not quite get as much as we need to, so we have to do another one with a higher dose. This is key for her to try and do some physical therapy..." Per 06/25/15 report, the patient states that "physical therapy helped somewhat." Treater states in 05/12/15 report that "worker s comp only authorized 2 of the eight sessions I initially recommended. I am putting in a request for an additional 10 sessions for a total of 12 sessions. [The patient] needs to start this as soon as possible. We want to start her in an aggressive physical therapy program to avoid surgery..." In this case, treater is requesting 8 post-operative physical therapy sessions following the patient's injection. The patient has had 2 prior physical therapy sessions with benefit. However, ODG recommends 1-2 PT visits post-injection. The request for 8 visits is excessive and would exceed guideline recommendation for post-injection PT. Therefore, the request is not medically necessary.