

Case Number:	CM15-0192777		
Date Assigned:	10/06/2015	Date of Injury:	12/28/2006
Decision Date:	11/19/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/29/2015

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 12-28-06. The injured worker was diagnosed as having pain in joint pelvic region; lumbago; thoracic-lumbosacral neuritis-radiculitis; intervertebral disc disorder with myelopathy; lumbar degeneration. Treatment to date has included physical therapy; acupuncture; caudal epidural steroid injection (1-14-15); medications. Diagnostics studies included MRI lumbar spine (7-16-14). Currently, the PR-2 notes dated 8-25-15 indicated the injured worker complains of chronic, severe low back pain and peripheral neuropathy. The provider notes this is related to his industrial injury of 12-28-06 that included a crush injury that broke his pelvis in four different places. The injured worker reports alleviating factors for his pain include icing his feet for 45 minutes per night. He states the pain also radiates from his lumbar region to his left lower extremity. The provider notes previous therapy included TENS unit, epidural steroid injections, physical therapy. He reports physical therapy helped his pain. He sees his PCP, psychiatrist and a neurosurgeon. His neurosurgeon recommended the epidural injections and a spinal cord stimulator trial due to the injured worker not being a surgical candidate. The provider notes periodic epidurals have been effective. Initially, epidurals were noted not to be effective as there was a question of the approach (TFESI versus Caudal). He says his 3rd epidural injection in 2009 was the most effective one. Review of records shows this was a caudal injection. Transforaminal have also been effective (last one 2012 sustained greater than 70% for nearly two years.). Also periodic SI joint injections have been effective (last 2012). He has been denied the spinal cord stimulator trial. He has completed 24 physical therapy sessions but has not tried

chiropractic or acupuncture. He has tried and failed Lyrica (forgetfulness) and Neurontin (makes him feel "stupid and forgetful," He has failed Cymbalta, Neurontin and Amitriptyline in the past due to severe side effects. The provider documents "Since his last visit, the patient reports a decrease in his low back pain intensity with no changes in distribution. Per patient, he continues to have left lower extremity pain. His PCP states that he continues aquatic exercise and has been denied authorization for caudal injection and Norco. The pain score is 8 out of 10 without medications and 5-6 out of 10 with medication. The pain today is 6 out of 10. The medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of ADL's and home exercises. No side effects are associated with these: Norco, Lovenox, Lyrica, Soma; Coumadin; Simvastatin and Levothyroxine." The provider documents a physical examination and notes "decreased left L4, decreased left L5, decreased left S1 and decreased right L4. No evidence for sensory loss. Deep tendon reflexes in the lower extremities are decreased but equal left greater than right. Normal pulses in the upper and lower extremities." The provider notes in his treatment plan that his lumbar MRI dated 7-16-14 shows "multilevel DDD with facet OA with moderate to severe bilateral NFN. This is worse at L4-S1, affecting the exiting nerve roots at these levels. A repeat Caudal ESI is both reasonable and appropriate for not only therapeutic but also diagnostic purposes." A Request for Authorization is dated 10-20-15. A Utilization Review letter is dated 9-15-15 and non-certification for caudal epidural steroid injection (ESI). A request for authorization has been received for caudal epidural steroid injection (ESI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The patient presents with chronic, severe low back pain radiating to his left lower extremity. The request is for Caudal epidural steroid injection (ESI). The request for authorization is dated 09/02/15. MRI of the lumbar spine, 07/16/14, shows no spinal canal stenosis or nerve impingement is seen at any of the lumbar disc levels; there is mild to moderate bilateral neural foraminal narrowing from L2-L3 to L5-S1 due to facet arthropathy and disc disease. Patient's diagnoses include pain in joint pelvic region and thigh; lumbago; thoracic/lumbosacral neuritis/radiculitis unspec; intervert disc d/o w/myelopathy unspec region; degenerate lumbar/lumbosacral intervertebral disc. Physical examination of the lumbar/sacral reveals tenderness to palpation over the paraspinals. Decreased range of motion, sciatic notch tenderness present on left, sitting straight leg raise positive on the left, left lower extremity strength is decreased, decreased sensation to pin on left L4-S1 and right L4. DTR in the lower extremities are decreased but equal (L>R). Previous interventional therapy includes TENS unit and epidural steroid injections, in conjunction with physical therapy. Patient's medications include Norco, Lovenox, Lyrica, Soma, Coumadin, Simvastatin, and Levothyroxine. Per

progress report dated 08/25/15, the patient is permanent and stationary. MTUS Guidelines has the following regarding ESI under chronic pain section page 46, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." 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." Per progress report dated 08/25/15, treater's reason "there was enough information to approve this injection in 1/2015 and even had a better result from last ESI." Per progress report dated 02/09/15, treater states, "The patient obtained >50% pain relief and functional improvement with decreased medication requirements lasting >6 weeks from TFESI on 1/14/15." In this case, radicular symptom is documented by physical examination finding in patient by positive straight leg raise test. However, provided imaging studies do not show significant evidence to corroborate radiculopathy. Given the lack of dermatomal distribution of pain documented by physical examination findings and corroborated by imaging studies, the request does not appear to meet MTUS guidelines indication. Therefore, the request is not medically necessary.

Acupuncture 2 times a week for 6 weeks to low back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient presents with chronic, severe low back pain radiating to his left lower extremity. The request is for Acupuncture 2 times a week for 6 weeks to low back. The request for authorization is dated 09/02/15. MRI of the lumbar spine, 07/16/14, shows no spinal canal stenosis or nerve impingement is seen at any of the lumbar disc levels; there is mild to moderate bilateral foraminal narrowing from L2-L3 to L5-S1 due to facet arthropathy and disc disease. Patient's diagnoses include pain in joint pelvic region and thigh; lumbago; thoracic/lumbosacral neuritis/radiculitis unspec; intervert disc d/o w/myelopathy unspec region; degenerate lumbar/lumbosacral intervertebral disc. Physical examination of the lumbar/sacral reveals tenderness to palpation over the paraspinals. Decreased range of motion, sciatic notch tenderness present on left, sitting straight leg raise positive on the left, left lower extremity strength is decreased, decreased sensation to pin on left L4-S1 and right L4. DTR in the lower extremities are decreased but equal (L>R). Previous interventional therapy includes TENS unit and epidural steroid injections, in conjunction with physical therapy. Patient's medications include Norco, Lovenox, Lyrica, Soma, Coumadin, Simvastatin, and Levothyroxine. Per progress report dated 08/25/15, the patient is permanent and stationary. MTUS, Acupuncture Medical Treatment Section, pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments, (ii) Frequency: 1 to 3 times per week, (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Per progress report dated 08/25/15, treater's reason for the request is "Continue acupuncture as authorized... as requested by Acupuncturist." Review of provided medical records indicate the patient attended 12 sessions of Acupuncture treatments. In this

case, the patient continues with severe low back pain. Given patient's condition, additional treatments of Acupuncture appear to be reasonable. However, treater does not discuss or document functional improvement with prior Acupuncture treatments to warrant additional sessions. Therefore, given the lack of documentation, the request is not medically necessary.

Norco 10/325mg 1 every 4-6 hours as needed for pain #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (online version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Medications for chronic pain.

Decision rationale: The patient presents with chronic, severe low back pain radiating to his left lower extremity. The request is for Norco 10/325mg 1 every 4-6 hours as needed for pain #180. The request for authorization is dated 09/02/15. MRI of the lumbar spine, 07/16/14, shows no spinal canal stenosis or nerve impingement is seen at any of the lumbar disc levels; there is mild to moderate bilateral neural foraminal narrowing from L2-L3 to L5-S1 due to facet arthropathy and disc disease. Patient's diagnoses include pain in joint pelvic region and thigh; lumbago; thoracic/lumbosacral neuritis/radiculitis unspec; intervert disc d/o w/myelopathy unspec region; degen lumbar/lumbosacral intervertebral disc. Physical examination of the lumbar/sacral reveals tenderness to palpation over the paraspinals. Decreased range of motion, sciatic notch tenderness present on left, sitting straight leg raise positive on the left, left lower extremity strength is decreased, decreased sensation to pin on left L4-S1 and right L4. DTR in the lower extremities are decreased but equal (L>R). Previous interventional therapy includes TENS unit and epidural steroid injections, in conjunction with physical therapy. Patient's medications include Norco, Lovenox, Lyrica, Soma, Coumadin, Simvastatin, and Levothyroxine. Per progress report dated 08/25/15, the patient is permanent and stationary. 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/24 hrs." 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." Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Norco on 02/09/15. MTUS requires appropriate discussion of the 4 A's, however, in addressing the 4 A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing pain reduction from 8/10 without medications to 5-6/10 with medication. There is documentation regarding adverse effects and aberrant drug behavior. Treater states UDT reports are appropriate, but were not provided for review. Furthermore, long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." In this case, this patient does not present with pain that is "presumed to be maintained by continual injury." Therefore, the request is not medically necessary.