

Case Number:	CM15-0201155		
Date Assigned:	10/19/2015	Date of Injury:	11/12/2008
Decision Date:	12/18/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 36 year old male with an industrial injury date of 11-12-2008. Medical record review indicates he is being treated for skin sensation disturbance. Additional diagnoses listed in the 09-02-2015 treatment note included lumbar sprain with lower extremity radiculopathy and instability, bilateral upper extremity numbness and tingling and anxiety and depression secondary to closed head injury. Subjective complaints (09-23-2015) included "diffuse low back pain," rated as 10 out of 10. Other complaints included headache across the neck and shooting pain down bilateral lower extremities. In the treatment note dated (08-24-2015) the treating physician documented the following: "Currently his sitting tolerance is 5 minutes, stand 5 minutes, walk 5 minutes and lift 25 pounds. He can handle some minimal activities of daily living, laundry and vacuuming. He is not making it through a store and somebody else is doing the shopping. He tries to walk as best he can and he does do some swimming as best he can. He is off work, disability retired." Current (09-23-2015) medications included Motrin, Zomig, Tramadol, Cyclobenzaprine and Vicodin. Prior diagnostics included MRI (06-25-2015) read by the radiologist as: Compared to the previous examination, there has been no significant interval change. Annular bulging lumbar 4-5 and lumbar 5-sacral 1 without focal protrusion, herniation or nerve root displacement and facet arthropathy at lumbar 4-5 and lumbar 5-sacral 1 without significant foraminal stenosis. Prior treatment included epidural steroid injection (2009, 2011, 2012), cervical 3 and cervical 4 radiofrequency ablation of cervical medial branch nerves, cervical 4-5 medial branch blocks (2011), physical therapy, psychotherapy, TENS, bilateral lumbar 4-5 facet injections (2013) and medications to include

anti-inflammatory. Physical exam (09-23-2015) revealed positive facet loading cervical 3 and cervical 4. Lumbar exam revealed positive straight leg raising on both sides in supine position. Other findings included decreased sensation in bilateral calves in lumbar 5 distribution and decreased sensation bilateral calves and plantar aspect of bilateral feet. On 10-02-2015 the following treatment requests were denied by utilization review: Transforaminal epidural steroid injection at bilateral S1 under fluoroscopic guidance; Transforaminal epidural steroid injection at bilateral L5 under fluoroscopic guidance; Pool therapy; Moderate sedation; Cognitive behavioral therapy sessions, to be performed in concert with concurrent biofeedback-Biofeedback

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at bilateral L5 under fluoroscopic guidance:
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): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESIs.

Decision rationale: A selective nerve root block, or transforaminal epidural steroid injection (TFESI), is a variation of the traditional midline ESI; the spinal nerve roots exit the spine laterally. Based on a patient's medical history, a physical exam, and MRI findings, often a specific inflamed nerve root can be identified. According to the CA MTUS guidelines, criteria for ESI's include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, there is no documentation of a previous TFESI. Therefore, medical necessity for a repeat TFESI at bilateral L5 under fluoroscopic guidance has not been established. The requested service is not medically necessary.

Transforaminal epidural steroid injection at bilateral S1 under fluoroscopic guidance:
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): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESIs.

Decision rationale: A selective nerve root block, or transforaminal epidural steroid injection (TFESI), is a variation of the traditional midline ESI; the spinal nerve roots exit the spine laterally. Based on a patient's medical history, a physical exam, and MRI findings, often a specific inflamed nerve root can be identified. According to the CA MTUS guidelines, criteria for ESI's include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, there is no documentation of a previous TFESI. Therefore, medical necessity for a repeat TFESI at bilateral S1 under fluoroscopic guidance has not been established. The requested service is not medically necessary.

Pool therapy: 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): Aquatic therapy.

Decision rationale: According to CA MTUS Guidelines (2009), aquatic therapy is 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). Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. In this case, there is limited documentation of significant objective and functional deficits in the physical exam to support the need for reduced weight-bearing in order to progress with therapy. In addition, the documentation did not indicate that the patient had difficulty with land-based therapy. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Biofeedback: 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): Biofeedback.

Decision rationale: The CA MTUS Chronic Pain Guidelines do not recommend biofeedback as a stand-alone treatment, but recommend it as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. Evidence is insufficient to demonstrate the effectiveness of biofeedback for the treatment of chronic pain. Medical necessity

for the requested biofeedback has not been established. The requested treatment is not medically necessary.

Cognitive behavioral therapy sessions, to be performed in concert with concurrent biofeedback: 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): Biofeedback, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Treatment (CBT).

Decision rationale: According CA MTUS guidelines, cognitive behavioral treatment (CBT) is a form of psychological treatment. It is "recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and post-traumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work." In this case, however, there is no documentation to justify CBT. In addition, there is no requested quantity of sessions. Medical necessity for the requested CBT sessions, to be performed in concert with concurrent biofeedback has not been established. The requested therapy is currently not medically necessary.

Moderate sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Anesthesiologists (ASA) guidelines.

Decision rationale: According to the American Society of Anesthesiologists (ASA), a monitored anesthesia care (MAC) is a planned procedure during which the patient undergoes local anesthesia together with sedation and analgesia. MAC may include varying levels of sedation, analgesia, and anxiolysis, including but not limited to moderate sedation. Moderate sedation/analgesia ("conscious" sedation) is a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. In this case, the TFESIs were not found to be medically necessary. Therefore, medical necessity of moderate sedation has not been established. The requested moderate sedation is not medically necessary.