

Case Number:	CM15-0206039		
Date Assigned:	10/22/2015	Date of Injury:	08/02/2001
Decision Date:	12/08/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/20/2015

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 52 year old female sustained an industrial injury on 8-2-01. Documentation indicated that the injured worker was receiving treatment for chronic low back pain with lumbar disc disease. Previous treatment included physical therapy, epidural steroid injections, trigger point injections, osteopathic manipulative treatment (OMT), spinal cord stimulator trial and medications. Documentation indicated that the injured worker had received multiple lumbar epidural steroid injections, most recently on 6-1-15 and 9-15-14. The injured worker was also receiving OMT at each follow-up exam. In a PR-2 dated 7-28-15, the injured worker complained of low back pain rated 1 to 3 out of 10 on the visual analog scale. The physician noted that recent epidural steroid injections had provided "significant" relief. The injured worker had not requested any additional medications. In a PR-2 dated 8-6-15, the injured worker complained of ongoing low back pain with radiation to the leg associated with arm and leg numbness. The injured worker rated her pain 4 to 5 out of 10 on the visual analog scale. In a PR-2 dated 9-28-15, the injured worker complained of ongoing low back pain associated with stiffness, paraspinal spasm, left leg pain and numbness. The injured worker's pain was not quantified. Physical exam was remarkable for lumbar spine with "somatic dysfunction of the musculoskeletal system" at L4-5 with bilateral paraspinal musculature tenderness to palpation. The injured worker received OMT and tenderness to palpation during the office visit. The treatment plan included requesting authorization for lumbar epidural steroid injections. On 10-6-15, Utilization Review noncertified a request for lumbar epidural steroid injections, retro: OMT and retro: trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injections: Upheld

Claims Administrator 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).

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

Decision rationale: The patient presents on 09/09/15 with lower back pain which radiates into the left lower extremity and associated numbness and tingling in the affected limb. The patient's date of injury is 08/02/01. Patient is status post lumbar ESI at L5/S1 levels on 06/01/15 and 10/16/15, and status post L5-S1 fusion in 2004. The request is for lumbar epidural injections. The RFA is dated 09/28/15. Physical examination dated 09/09/15 reveals "somatic dysfunction of the musculoskeletal system (L3-5 SR L with R tenderness)" [sic] Diagnostic imaging was not included. Patient is currently classified as disabled. 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 the 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." In this case, the treater is requesting a lumbar ESI at the L5-S1 level for the management of this patient's chronic lower back pain with a radicular component. There is some confusion in the medical records regarding this patient's ESI history. Progress note dated 10/19/15 states that this patient's last ESI was on 06/01/15 and makes a request for lumbar ESI at L5/S1 levels citing prior efficacy. Per this progress note, the provider states: "She is s/p left L5 transforaminal epidural steroid and left S1 transforaminal lumbar on 06/01/15." Addressing prior efficacy, the provider goes on to state: "These injections have provided 70-80% relief from pain for approximately 4 months. She uses less medication with her reduced pain. We will request two additional ESI's for the therapeutic phase." The RFA associated with this request is dated 09/28/15 and an operative note dated 10/16/15 indicates that an ESI was performed at the L5-S1 levels, though it is not clear if this stemmed from a previously-obtained authorization. It is also not clear why the provider was unaware or failed to document that this patient underwent a lumbar ESI on 10/16/15 during an evaluation which was performed three days later. This patient does present with lower back pain which radiates into the left lower extremity, and has evidence of neurological compromise in the L5-S1 dermatomal distribution. However, a careful review of the documentation provided does not reveal any MRI imaging reports or electrodiagnostic testing which corroborates foraminal stenosis or nerve root abutment at the requested levels, regardless of prior authorization for this procedure. Given that this patient has already had two lumbar ESI's in 2015, and the lack of MRI/electrodiagnostic testing to corroborate foraminal stenosis/nerve root abutment the

requested levels, additional injections cannot be substantiated. Therefore, the request is not medically necessary.

Retrospective: OMT (dos not provided): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Chapter, under Manipulation.

Decision rationale: The patient presents on 09/09/15 with lower back pain which radiates into the left lower extremity and associated numbness and tingling in the affected limb. The patient's date of injury is 08/02/01. Patient is status post lumbar ESI at L5/S1 levels on 06/01/15 and 10/16/15, and status post L5-S1 fusion in 2004. The request is for retrospective: OMT (DOS not provided). The RFA is dated 09/28/15. Physical examination dated 09/09/15 reveals "somatic dysfunction of the musculoskeletal system (L3-5 SR L with R tenderness)" [sic] Diagnostic imaging was not included. Patient is currently classified as disabled. OMT Stands for Osteopathic Manipulative Therapy. Regarding such modalities, Official Disability Guidelines, Hip Chapter, under Manipulation has the following: Recommended as indicated below. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. It is indicated for pain and adhesions. Some study results suggest that manipulative treatment may reduce pain, improve ambulation, and increase rehabilitation efficiency in patients undergoing knee or hip arthroplasty. In addition, some evidence shows that manual therapy may affect hip range of motion. This study concludes that full kinematic chain manual and manipulative therapy does not appear to have any benefit over targeted manual and manipulative therapy. A systematic review of manipulative therapy for common lower extremity disorders concluded that there is fair evidence for short-term and limited evidence for long-term treatment of hip osteoarthritis. An eight-week manipulation/exercise protocol was effective for patients with pelvic anteversion and pain. Indications for manipulation: Time to produce effect: Immediate or up to 10 treatments; Frequency: 1 to 5 times per week as indicated by the severity of involvement and the desired effect; Optimum duration: 3-6 treatments; Maximum duration: 10 treatments. In regard to the retrospective request for osteopathic manipulation, the provider has exceeded guideline recommendations and has not documented prior efficacy. This patient regularly receives manipulative treatment at almost every office visit, with at least 11 to date per the documentation provided. This is a retrospective request, though the date of service is not clearly stated so it is difficult to ascertain which rendered treatment is under review, as these are performed regularly. In this case, however, the provider regularly performs these treatments point of care, though does not clearly document functional improvements or analgesia in the subsequent reports. Without information regarding the dates of service and appropriate documentation of efficacy, this request cannot be substantiated. The request is not medically necessary.

Retrospective: Trigger point injection (dos not provided): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Trigger Point Injections.

Decision rationale: The patient presents on 09/09/15 with lower back pain which radiates into the left lower extremity and associated numbness and tingling in the affected limb. The patient's date of injury is 08/02/01. Patient is status post lumbar ESI at L5/S1 levels on 06/01/15 and 10/16/15, and status post L5-S1 fusion in 2004. The request is for retrospective: trigger point injection (DOS not provided). The RFA is dated 09/28/15. Physical examination dated 09/09/15 reveals "somatic dysfunction of the musculoskeletal system (L3-5 SR L with R tenderness)" [sic] Diagnostic imaging was not included. Patient is currently classified as disabled. ODG Pain chapter, under Trigger Point Injections, has the following: Recommended for myofascial pain syndrome as indicated below, with limited lasting value. The advantage appears to be in enabling patients to undergo remedial exercise therapy more quickly. The primary goal of trigger point therapy is the short-term relief of pain and tightness of the involved muscles in order to facilitate participation in an active rehabilitation program and restoration of functional capacity. TPIs are generally considered an adjunct rather than a primary form of treatment and should not be offered as either a primary or a sole treatment modality. Criteria for the use of TPIs: TPIs with a local anesthetic may be recommended for the treatment of myofascial pain syndrome when all of the following criteria are met: 1. Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; 2. Symptoms have persisted for more than three months. In regard to the trigger point injections, the patient does not meet guideline criteria. Though the date of service is not clearly specified for this retrospective request, this patient underwent a trigger point injection on 09/09/15. Regarding this injection, the provider states: "Trigger point injection (1-2 muscle groups) was performed for myalgia and myositis, no complications." The provider does not include documentation of trigger points with evidence upon palpation of circumscribed trigger points with a twitch response and referred pain, as required by guidelines. Without appropriate documentation of the criteria for trigger point injections as required by ODG, this retrospective request cannot be substantiated. The request is not medically necessary.