

Case Number:	CM15-0216618		
Date Assigned:	11/06/2015	Date of Injury:	12/31/2014
Decision Date:	12/21/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/03/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 37 year old male, who sustained an industrial injury on 12-31-2014. A review of the medical records indicates that the injured worker is undergoing treatment for acute exacerbation of the lumbar spine, low back pain, radiculitis bilateral lower extremities-neuropathic pain, and lumbar spine degenerative disc disease with facet arthrosis. On 10-13-2015, the injured worker reported bending down over the weekend with an acute exacerbation with spasming and increasing pain. The Primary Treating Physician's report dated 10-13-2015, noted the injured worker reported having had one injection with complete relief of his radicular symptoms and improvement in his lower back pain until the recent exacerbation by bending down. The injured worker's medications on 9-28-2015 were noted to include Nortriptyline, Tizanidine Ibuprofen, and Percocet. The physical examination was noted to show the injured worker's gait antalgic, tenderness in the paralumbar musculature, with painful lumbar range of motion (ROM), and positive straight leg raise bilaterally. Prior treatments have included TENS, epidural steroid injection (ESI) noted to provide 85-90% pain relief with pre lumbar spine epidural steroid injection (ESI) pain rated 6 out of 10 and post epidural steroid injection (ESI) lumbar spine pain rated as 3 out of 10, and physical therapy. The treatment plan was noted to include a referral for a second lumbar epidural steroid injection (ESI), prescribed Cyclobenzaprine, and referred for a Functional Restoration Program. The injured worker's work status was noted to be light duty with no heavy lifting, bending, or stooping. The request for authorization dated 10-21-2015, requested follow-up visit, Cyclobenzaprine, a Functional Restoration Program, and a repeat lumbar epidural steroid injection (ESI). The Utilization

Review (UR) dated 10-28-2015, approved the requests for follow-up visit and Cyclobenzaprine, and denied the requests for a Functional Restoration Program, and a repeat lumbar epidural steroid injection (ESI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Lumbar Epidural Steroid Injection: 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): Epidural steroid injections (ESIs).

Decision rationale: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy 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, and 8. Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, although there was reported reduction in symptoms with a previous epidural injection, there does not seem to be worsening of these symptoms again, nor was there significant evidence from physical findings to suggest radiculopathy to warrant another injection this early. Waiting for the previous injection to begin to wear off would be a better time for this request as long as there is clear documentation of radiculopathy on examination as well. Also, this request did not include the specific location intended for the injection, which is required. Therefore, this request for epidural injection will be considered medically unnecessary at this time.

Functional Restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs), Functional restoration programs (FRPs).

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that functional restoration programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive. Treatment in one of these programs is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The criteria for general use of multidisciplinary pain management programs such as FRPs include 1. An adequate and thorough functional evaluation as a baseline, 2. Previous methods of treating chronic pain unsuccessful, 3. Significant loss of ability to function independently from the chronic pain, 4. Not a candidate for surgery or other warranted treatments (if a goal of treatment is to prevent controversial or optional surgery, a trial of 10 visits may be implemented), 5. Exhibits motivation to change, including willingness to forgo secondary gains, 6. No negative predictors of success (negative relationship with the employer/supervisor, poor work adjustment/satisfaction, negative outlook about future employment, high levels of psychosocial distress, involvement in financial disability disputes, smoking, duration of pre-referral disability time, prevalence of opioid use, and pre-treatment levels of pain). Total treatment duration should generally not exceed 20 full day sessions (or the equivalent). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved, requires individualized care plans, and should be based on chronicity of disability and other known risk factors for loss of function. Upon review of the notes provider in this case, the worker reported intermittent low back pain rated at 2-3/10 VAS improved with exercise/physical therapy and rest. Physical findings did not reveal any significant abnormality without any abnormal gait or difficulty with movement to suggest any significant dysfunction, which would warrant a restoration program. Also, as the worker benefits from exercise, at this point continued structured home exercises should be continued as they benefit the worker. Also, the number of days requested for attendance should have been included in the request. Therefore, this request for a functional restoration program seems premature and medically unnecessary at this time.