

Case Number:	CM15-0032467		
Date Assigned:	02/25/2015	Date of Injury:	06/16/1999
Decision Date:	04/16/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/20/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 58-year-old male, who sustained an industrial injury on June 16, 1999. He has reported immediate pain of the back and bilateral lower extremities. His diagnoses include lumbar radiculopathy, lumbar stenosis, lumbar degenerative disc disease, lumbar spondylosis without myelopathy, and lumbago. He has been treated with acupuncture, physical therapy, transcutaneous electrical nerve stimulation (TENS), heat/ice, massage, traction, ultrasound, epidural steroid injections, intra-discal electro thermal, and medications including pain and anti-epilepsy. He records refer to a prior course of acupuncture and physical therapy, but do not provide specific dates or results. On August 1, 2014, an MRI of the lumbar spine was performed, but the report was not in the provided medical records. On February 19, 2015, his treating physician reports mildly improved low back pain with bilateral lower extremities symptoms. The low back pain is constant achiness or soreness with radiating numbness down the lateral aspect of bilateral lower extremities to the toes. His radicular symptoms are aggravated by prolonged sitting and when lying on his back. His current pain medication decreases his pain by 50% for 2-3 hours. He has been treated with acupuncture with temporary relief of pain and physical therapy with increased strength and flexibility. He is awaiting authorization of an interlaminar epidural steroid injection. The treating physician noted that the quantitative urine from December 18, 2014 was consistent. The physical exam revealed bilateral mid to lower lumbar paraspinals tenderness to palpation, mildly limited lumbar flexion due to pain, normal strength in all extremities, decreased reflexes in all extremities, intact sensation to light touch and pinprick in all extremities, appropriated heel-to-toe gait pattern with a normal gait, and negative

bilateral straight leg raise, Faber, and Fair test. The treatment plan includes massage therapy. On February 20, 2015, the injured worker submitted an application for IMR for review of requests for interlaminar epidural steroid injection at lumbar 5-sacral 1, urine drug screen with quantitative urine confirmation, and 12 sessions of outpatient massage therapy. The interlaminar epidural steroid injection was non-certified based on the lack of documentation of objective findings or corroborating diagnostic findings of radiculopathy. The urine drug screen with quantitative urine confirmation was non-certified based on the lack of documentation of aberrant behavior, unexpected results or illicit drug use. The outpatient massage therapy was modified based on the guidelines recommendation of up to 6 visits over 2 weeks, which should be limited to 4-6 visits in most cases. The California Medical Treatment Utilization Schedule (MTUS): Chronic Pain Medical Treatment Guidelines and ACOEM (American College of Occupational and Environmental Medicine) Guidelines and the Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar Epidural Steroid Injection L5-S1 (x2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Muscle Relaxants Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a, "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than two ESI injections. The documentation submitted for review does not contain physical exam findings of radiculopathy or clinical evidence of radiculopathy. The MRI findings documented do not demonstrate findings consistent with radiculopathy. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies

and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. As the first criteria is not met, the request is not medically necessary. Additionally, a MTUS does not support the request of two ESIs with one authorization.

Urine Drug Screen with Quantitative urine confirmation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Medical Treatment Guidelines, <http://www.odg-twc.com>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines UDS Page(s): 87.

Decision rationale: MTUS Chronic Pain guidelines recommend random drug screening for patients to avoid the misuse of opioids, particularly for those at high risk of abuse. Per MTUS CPMTG p87, "Indicators and predictors of possible misuse of controlled substances and/or addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state. 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in, "distress" (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication. 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues. 4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources." Since the IW uses opiates, the request is medically necessary. I respectfully disagree with the UR physician's assertion that UDS is only limited to those with particular risk of abuse.

Outpatient Massage Therapy (x16): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Medical Fee Schedule (OMFS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Page(s): 60.

Decision rationale: Guidelines recommend 4-6 visits. There is no documentation denoting why treatments in excess of guidelines are requested. Not medically necessary.