

Case Number:	CM15-0058297		
Date Assigned:	04/03/2015	Date of Injury:	08/30/2013
Decision Date:	06/11/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	03/27/2015

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 38-year-old female who reported an injury on 08/30/2013. The mechanism of injury was not provided. Prior treatment includes multiple medication, physical therapy, lumbar spine MRI, EMG/NCS, home exercise, and medical marijuana. The injured worker was diagnosed with chronic pain, lumbosacral radiculopathy and degenerative of the cervical intervertebral disc. According to progress note of March 11, 2015, the injured workers chief complaint was bilateral neck pain with radiation of intermittent pain to the C2 distribution. The injured worker noted tingling in the lower extremities. The aggravating factors were extending of the neck and alleviating factors were rest. The injured worker also complained of lower back pain with radiation of numbness down the lower extremities. The aggravating factors were lumbar flexion and alleviating factors were rest. The physical exam noted decreased sensation of the S1 dermatomal distribution. There was tenderness of the paraspinal muscles overlying the facet joints on both sides. There was trigger points over the paraspinal muscle. The lumbar range of motion was limited in the flexion only. The straight leg raises were positive on the left. The pain behaviors were within expected context. The treatment plan included bilateral L4-L5 transforaminal epidural steroid injection, spine surgery consultation, lumbar spine MRI, 6 sessions of physical therapy, cognitive behavioral therapy and biofeedback sessions. The Request for Authorization form was submitted on 03/19/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 Transforaminal ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the injured worker's physical examination revealed absent Achilles deep tendon reflexes and diminished sensation in the S1 dermatomal distribution. However, there were no official imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. The injured worker is currently pending authorization for an updated MRI of the lumbar spine. Given the above, the request is not medically necessary.

Spine Surgery Consult: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state, a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, the injured worker has been previously evaluated by a spine surgeon. The medical necessity for an additional consultation has not been established in this case. As such, the request is not medically necessary.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. In this case, there is no documentation of a progression or worsening of symptoms or examination findings to support the necessity for a

repeat imaging study. The medical necessity has not been established in this case. Therefore, the request is not medically appropriate.

6 Physical Therapy Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The request as submitted failed to indicate the specific body part to be treated. As such, the request is not medically appropriate.

6 Biofeedback Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24-25.

Decision rationale: California MTUS Guidelines do not recommend biofeedback as a standalone treatment, but recommend biofeedback as an option in a cognitive behavioral therapy program. Guidelines recommend an initial trial of 3 to 4 psychotherapy visits over 2 weeks. The current request for 6 sessions of biofeedback therapy exceeds guideline recommendations. As such, the request is not medically necessary.

6 Cognitive Behavioral Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: California MTUS Guidelines recommend cognitive behavioral therapy. Treatment is recommended as an initial trial of 3 to 4 psychotherapy visits over two weeks. The current request for 6 sessions of cognitive behavioral therapy exceeds guideline recommendations. As such, the request is not medically necessary.