

Case Number:	CM15-0058907		
Date Assigned:	04/03/2015	Date of Injury:	03/08/2001
Decision Date:	06/11/2015	UR Denial Date:	03/04/2015
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: 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 52-year-old female who reported an injury on 03/08/2001. The mechanism of injury was not stated. The current diagnoses include lumbago, thoracic or lumbosacral neuritis or radiculitis, lumbar postlaminectomy syndrome, intervertebral disc disorder with myelopathy, and degeneration of lumbar or lumbosacral intervertebral disc. The injured worker presented on 02/26/2015 for a follow-up evaluation with complaints of severe low back pain radiating into the left lower extremity. Previous conservative treatment includes physical therapy, acupuncture, lumbar epidural steroid injections, and medication. The injured worker is also status post L3-4 and L4-5 fusion in 2002. The injured worker reported an improvement in symptoms with the use of morphine sulfate IR 30 mg. The injured worker has tried and failed gabapentin and methadone. The current medication regimen includes morphine sulfate 30 mg, Medrol 4 mg, carisoprodol, and clonazepam 1 mg. Upon examination, there was positive Hoffmann's sign on the right, a well healed midline surgical scar from the sacrum to approximately L1, tenderness over the lumbosacral facets, tenderness at the L5 distribution, 30 degree flexion, 10 degree extension, 20 degrees lateral bending, positive straight leg raise bilaterally, an antalgic gait, 5/5 motor strength, and absent reflex on the left with decreased sensation in the L1 through S1 dermatomes on the left. Treatment recommendations included continuation of the current medication regimen as well as a lumbar epidural steroid injection at L5-S1, aquatic therapy twice per week for 6 weeks, and a neurosurgical evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Epidural Steroid Injection at L5-S1 under Fluoroscopic Guidance and Monitored anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injection as a treatment option for patients with radiculopathy. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, it is noted that the injured worker has been previously treated with 2 separate epidural injections without relief of symptoms. Guidelines recommend a repeat block based on continued objective documented pain and functional improvement, including at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks. There is also no evidence of severe anxiety or a fear of needles to support the necessity for monitored anesthesia with the procedure. Given the above, the request is not medically necessary.

12 Aqua Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98, Chronic Pain Treatment Guidelines Aqua Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available as an alternative to land based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable. In this case, there was no indication that this injured worker required reduced weight bearing as opposed to land-based physical therapy. The request as submitted also failed to indicate the specific body part to be treated. Given the above, the request is not medically necessary.

1 Neurosurgical Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305, 306.

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, it is noted that the injured worker suffers from severe low back pain with lower extremity symptoms. However, there is no electrodiagnostic evidence of a lesion that may benefit from surgical repair. There is also no recent documentation of conservative treatment in the form of active rehabilitation. The medical necessity for a neurosurgical evaluation has not been established in this case. As such, the request is not medically necessary.

Morphine Sulfate 30mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication since at least 12/2013. There is no documentation of objective functional improvement. The injured worker continues to present with complaints of severe lower back pain with radiating symptoms into the left lower extremity as well as activity limitation. There is also no frequency listed in the request. As such, the request is not medically necessary.