

Case Number:	CM15-0080874		
Date Assigned:	05/01/2015	Date of Injury:	03/15/2010
Decision Date:	06/18/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/27/2015

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: Internal Medicine

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 47 year old male, who sustained an industrial injury on 3/15/10. The injured worker has complaints of low back pain. The diagnoses have included cervicalgia and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included lumbar laminectomy and discectomy; status post C4-5 and C5-6 anterior cervical discectomy and fusion (ACDF) on 10/7/11; home exercise program; moist heat and stretches; epidural steroid injections; acupuncture; magnetic resonance imaging (MRI) of the lumbar and cervical spine on 4/9/14; cervical spine X-rays and pain management. The request was for psych clearance for spinal cord stimulator trial; repeat caudal epidural steroid injection and sleep study (polysomnography).

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych clearance for SCS trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page 105-107. Decision based on Non-MTUS Citation ACOEM 3rd Edition 2011 Low back disorders <http://www.guideline.gov/content.aspx?id=38438>, ACOEM 3rd Edition 2011 Cervical and thoracic spine disorders <http://www.guideline.gov/content.aspx?id=35207>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses spinal cord stimulators. Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that spinal cord stimulators (SCS) are recommended only for selected patients for specific conditions indicated below. Indications for stimulator implantation are failed back syndrome (persistent pain in patients who have undergone at least one previous back operation) more helpful for lower extremity than low back pain, complex regional pain syndrome (CRPS) / reflex sympathetic dystrophy (RSD), post amputation pain (phantom limb pain), post herpetic neuralgia, spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury), pain associated with multiple sclerosis, and peripheral vascular disease. SCS spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. There is limited evidence in favor of Spinal Cord Stimulators (SCS) for failed back surgery syndrome (FBSS). American College of Occupational and Environmental Medicine (ACOEM) 3rd Edition indicates that spinal cord stimulators are not recommended for low back disorders. American College of Occupational and Environmental Medicine (ACOEM) 3rd Edition indicates that spinal cord stimulators for chronic cervicothoracic pain with or without radiculopathy are not recommended. The primary treating physician's progress report dated 4/13/15 documented that the patient had an epidural steroid injection on 4/1/15. The patient reported early relief from the epidural steroid injection on 4/1/15, and the back and leg symptoms continue to improve. Repeat caudal epidural steroid injection was requested 4/15/15. Norco and Oxycodone were prescribed. Per MTUS, SCS spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. The 4/13/15 progress report document that 4/1/15 epidural injection procedure provided relief, indicating that the procedure had not failed. Therefore, MTUS guidelines do not support the use of a spinal cord stimulator. ACOEM guidelines indicate that spinal cord stimulators are not recommended for low back disorders. ACOEM guidelines indicate that spinal cord stimulators are not recommended for chronic cervicothoracic pain. Therefore, the request for psychological clearance for SCS trial is not medically necessary.

Repeat caudal ESI: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques

(e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy).

The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 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. 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. Most current guidelines recommend no more than 2 ESI injections. Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. No more than 2 epidural steroid injections are recommended. The primary treating physician's progress report dated 2/12/15 documented that the patient had multiple epidural steroid injections in the past. The patient had a lumbar epidural steroid injection in April or May 2014. The primary treating physician's progress report dated 4/13/15 documented that the patient had an epidural steroid injection on 4/1/15. The patient reported early relief from the epidural steroid injection on 4/1/15, and the back and leg symptoms continue to improve. Repeat caudal epidural steroid injection was requested 4/15/15. Per MTUS, 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. A repeat caudal epidural steroid injection was requested on 4/15/15, which is two week after the 4/1/15 epidural steroid injection. Per MTUS, a maximum of two epidural injections should be performed. No more than 2 epidural steroid injections are recommended. The medical records indicate that the patient has had three or more epidural injections. MTUS guidelines do not support the request for a repeat caudal epidural steroid injection. Therefore, the request for repeat caudal epidural steroid injection is not medically necessary.

Sleep study (Polysomnography): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Polysomnography.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address polysomnography. Official Disability Guidelines (ODG) indicates that polysomnography is not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. The primary treating physician's progress report dated 4/13/15 did not document evidence of obstructive sleep apnea. No rationale was given for the polysomnography sleep study request. Therefore, the request for sleep study polysomnography is not medically necessary.