MAXIMUS Federal Services

Case Number:	CM15-0119839		
Date Assigned:	06/30/2015	Date of Injury:	10/22/2012
Decision Date:	08/25/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/22/2015

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 45 year old male, who sustained an industrial injury on 10/22/12. The injured worker has complaints of mid back pain that radiates around to his chest. The documentation noted that the injured worker stands with kyphotic thoracic spine, unable to completely stand erect secondary to pain. The documentation noted decreased flexion/extension and the thoracic spine has paraspinous muscle tenderness to palpation. The diagnoses have included thoracic herniated disc; thoracic facet syndrome and muscle spasm. Treatment to date has included physical therapy; thoracic epidural steroid injections and facet injections with limited relief. The request was for physical therapy two times twelve; percocet 10/325mg; thoracic epidural injection as soon as possible, then as needed and thoracic facet injection as soon as possible, then as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x12: Upheld

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

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

Decision rationale: Based on the 05/08/15 progress report provided by treating physician, the patient presents with mid back pain that radiates around his chest. The request is for PT 2X12. Patient's diagnosis per Request for Authorization form dated 05/08/15 includes thoracic herniated disc, thoracic facet syndrome and muscle spasm. The patient experiences decreased ability to bend over, stand straight and walk or stand for long periods of time. Physical examination on 05/08/15 revealed tenderness to palpation to thoracic spine area, kyphotic spine and decreased range of motion on flexion and extension. Per AME report dated 12/12/14, MRI of the thoracic spine done on 04/17/13 revealed "right paracentral protrusion at the T9-10 level causing mild to moderate canal stenosis. Neural foramina remain patent at this level, tiny central protrusion at the T7-8 level causing mild canal stenosis. Otherwise, canal and foramina are patent throughout the remainder of the thoracic spine." MRI of the thoracic spine dated 10/24/14 revealed "ventral and right-sided disk protrusion at T9-10, resulting in mild canal stenosis and mild-moderate right-sided foraminal stenosis. There are small disc protrusions at T5-6, T6-7, and T7-8, resulting in mild canal stenosis." Treatment to date has included physical therapy, thoracic epidural steroid injections, facet injections with limited relief, and medications. Patient's medications include Percocet and Dilaudid. The patient is off-work, per 05/08/15 report. Progress reports provided from 07/14/14 - 05/08/15. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks." Per 01/26/15 report, treater states "Patient has had a course of two Thoracic Epidural Steroid Injections and Facet Injections with limited relief. At this time the patient would like to continue with steroid injections and physical therapy." Per 05/08/15 report, treater states "the patient has been denied epidural steroid injections, medication and physical therapy. As a result his pain has increased. These treatments were recommended by the patient's QME." Physical therapy note dated 06/25/14 indicates 12 authorized visits. Given the patient's continued pain, a short course of physical therapy would appear to be indicated. However, treater has not documented efficacy of prior therapy. There is no explanation of why on-going supervised therapy is needed, nor reason patient is unable to transition into a home exercise program. Furthermore, the request for additional 24 sessions would exceed what is allowed by MTUS. Therefore, the request IS NOT medically necessary.

Percocet 10/325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: Based on the 05/08/15 progress report provided by treating physician, the patient presents with mid back pain that radiates around his chest. The request is for PERCOCET 10/325 MG. Patient's diagnosis per Request for Authorization form dated 05/04/15 includes thoracic herniated disc, thoracic facet syndrome and muscle spasm. The patient experiences decreased ability to bend over, stand straight and walk or stand for long periods of time. Physical examination on 05/08/15 revealed tenderness to palpation to thoracic spine area, kyphotic spine and decreased range of motion on flexion and extension. Per AME report dated 12/12/14, MRI of the thoracic spine done on 04/17/13 revealed "right paracentral protrusion at the T9-10 level causing mild to moderate canal stenosis. Neural foramina remain patent at this level, tiny central protrusion at the T7-8 level causing mild canal stenosis. Otherwise, canal and foramina are patent throughout the remainder of the thoracic spine." MRI of the thoracic spine dated 10/24/14 revealed "ventral and right-sided disk protrusion at T9-10, resulting in mild canal stenosis and mild-moderate right-sided foraminal stenosis. There are small disc protrusions at T5- 6, T6-7, and T7-8, resulting in mild canal stenosis." Treatment to date has included physical therapy, thoracic epidural steroid injections, facet injections with limited relief, and medications. Patient's medications include Percocet and Dilaudid. The patient is off-work, per 05/08/15 report. Progress reports provided from 07/14/14 - 05/08/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Provided pharmacy transaction history indicates patient was dispensed Endocet (Oxycodone and Acetaminophen) #120 on 04/19/14 and 06/16/14. It is not known when Percocet (Oxycodone and Acetaminophen) has been initiated. Per 05/08/15 report, treater states "the patient has been denied epidural steroid injections, medication and physical therapy. As a result his pain has increased. These treatments were recommended by the patient's QME." In this case, treater has not stated how Percocet reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Furthermore, quantity and dosage have not been indicated. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Thoracic Epidural Injection ASAP, then As Needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

Decision rationale: Based on the 05/08/15 progress report provided by treating physician, the patient presents with mid back pain that radiates around his chest. The request is for THORACIC EPIDURAL INJECTION ASAP, THEN AS NEEDED. Patient's diagnosis per Request for Authorization form dated 05/04/15 includes thoracic herniated disc, thoracic facet syndrome and muscle spasm. Treatment to date has included physical therapy, thoracic epidural steroid injections, facet injections with limited relief, and medications. Patient's medications include Percocet and Dilaudid. The patient is off-work, per 05/08/15 report. Progress reports provided from 07/14/14 - 05/08/15. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." 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. The patient experiences decreased ability to bend over, stand straight and walk or stand for long periods of time. Physical examination on 05/08/15 revealed tenderness to palpation to thoracic spine area, kyphotic spine and decreased range of motion on flexion and extension. Per AME report dated 12/12/14, MRI of the thoracic spine done on 04/17/13 revealed "right paracentral protrusion at the T9-10 level causing mild to moderate canal stenosis. Neural foramina remain patent at this level, tiny central protrusion at the T7-8 level causing mild canal stenosis. Otherwise, canal and foramina are patent throughout the remainder of the thoracic spine." MRI of the thoracic spine dated 10/24/14 revealed "ventral and right-sided disk protrusion at T9-10, resulting in mild canal stenosis and mild-moderate right- sided foraminal stenosis. There are small disc protrusions at T5-6, T6-7, and T7-8, resulting in mild canal stenosis." Given patient's radicular symptoms, and physical examination findings, the requested injection would appear to be indicated. However, treater has not indicated levels nor sides to be injected, hence not corroborating with MRI findings. Furthermore, per 01/26/15 report, treater states "Patient has had a course of two Thoracic Epidural Steroid Injections and Facet Injections with limited relief. At this time the patient would like to continue with steroid injections and physical therapy." Per 05/08/15 report, treater states "the patient has been denied epidural steroid injections, medication and physical therapy. As a result his pain has increased. These treatments were recommended by the patient's QME." Repeat injection would not be supported by MTUS without documentation of significant improvement lasting at least 6-8 weeks, which was not provided. Furthermore, the request states "as needed," and guidelines do not support open-ended requests. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Thoracic Facet Injections ASAP, then As Needed: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) Chapter under "Facet joint injections, thoracic".

Decision rationale: Based on the 05/08/15 progress report provided by treating physician, the patient presents with mid back pain that radiates around his chest. The request is for THORACIC FACET INJECTIONS ASAP, THEN AS NEEDED. Patient's diagnosis per Request for Authorization form dated 05/04/15 includes thoracic herniated disc, thoracic facet syndrome and muscle spasm. The patient experiences decreased ability to bend over, stand straight and walk or stand for long periods of time. Physical examination on 05/08/15 revealed tenderness to palpation to thoracic spine area, kyphotic spine and decreased range of motion on flexion and extension. Per AME report dated 12/12/14, MRI of the thoracic spine done on 04/17/13 revealed "right paracentral protrusion at the T9-10 level causing mild to moderate canal stenosis. Neural foramina remain patent at this level, tiny central protrusion at the T7-8 level causing mild canal stenosis. Otherwise, canal and foramina are patent throughout the remainder of the thoracic spine." MRI of the thoracic spine dated 10/24/14 revealed "ventral and right-sided disk protrusion at T9-10, resulting in mild canal stenosis and mild-moderate right-sided foraminal stenosis. There are small disc protrusions at T5-6, T6-7, and T7-8, resulting in mild canal stenosis." Treatment to date has included physical therapy, thoracic epidural steroid injections, facet injections with limited relief, and medications. Patient's medications include Percocet and Dilaudid. The patient is off-work, per 05/08/15 report. Progress reports provided from 07/14/14 - 05/08/15. ODG-TWC, Low Back- Lumbar & Thoracic (Acute & Chronic) Chapter under "Facet joint injections, thoracic" topic states: "Not recommended. There is limited research on therapeutic blocks or neurotomies in this region, and the latter procedure (neurotomies) are not recommended. Recent publications on the topic of therapeutic facet injections have not addressed the use of this modality for the thoracic region. (Boswell, 2005)" Per 01/26/15 report, treater states "Patient has had a course of two Thoracic Epidural Steroid Injections and Facet Injections with limited relief. At this time the patient would like to continue with steroid injections and physical therapy." Per 05/08/15 report, treater states "the patient has been denied epidural steroid injections, medication and physical therapy. As a result his pain has increased. These treatments were recommended by the patient's QME." In this case, treater states "Facet Injections with limited relief" and has not provided medical rationale for the request. In addition, the requested procedure is not recommended by ODG. Furthermore, the request states "as needed," and guidelines do not support open-ended requests. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.