MAXIMUS Federal Services

Case Number:	CM15-0172891		
Date Assigned:	09/15/2015	Date of Injury:	03/13/2014
Decision Date:	11/06/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/02/2015

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: New York
Certification(s)/Specialty: Anesthesiology

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 (IW) is a 23 year old female who sustained an industrial injury on 03-13-2014. The injured worker was diagnosed as having L5-S1 spondylitic spondylolisthesis with back pain and radiculopathy. Treatment to date has included oral medications for pain, x-rays (06-20-2014) that revealed an impression of transitional S1 vertebra with pseudarthrosis on the right between S1 and S2, pars defects at L5 with grade 1 spondylolisthesis at L5-S1 and mild disc narrowing and mild facet degenerative joint disease at L4-5, a MRI (08-27-2014) that showed mild bilateral facet degenerative changes, and a 4 mm central disc protrusion indenting the anterior thecal sac with moderate spinal stenosis at L4-5 but does not address the L5-S1 level, and a nerve conduction study of the bilateral legs (11-13-2014). In the provider notes of 06-29-2015, the injured worker complains of constant neck pain radiating to the shoulders and upper back with headaches. She rates the pain at a 10 on a scale of 1-10. The IW is experiencing frequent pain in both shoulders, right greater than left. Pain increases with rotation, reaching over the head, and pushing, pulling, carrying or external rotation. There is complaint of swelling, numbness, tingling and burning sensations. She rates this pain as an 8 on a scale of 1-10. In the lower back, she is experiencing constant pain that radiates into the legs and upper back. Sitting, walking or standing over five minutes increases the pain as does forward bending, squatting, stooping, climbing or descending stairs, twisting, turning forceful pushing, and pulling. The worker uses a walker. On a scale of 1-10, the worker rates the pain at a 10. She also complains of frequent pain in the right knee which started after she began using a walker for ambulation. The pain increases with walking or standing over 30-45 minutes, flexing and

extending the knee, climbing or descending stairs. On a scale of 1-10 the worker rates the pain as a 10. The worker is having difficulty performing the activities of daily living. She is not currently employed. A request for authorization was submitted for Aquatic therapy (unspecified quantity), Acupuncture (unspecified quantity), Pain management consultation, Epidural injections (unspecified quantity), and Facet injections (unspecified quantity). A utilization review decision 08-21-2015 modified the acupuncture to acupuncture x6, and non-certified the requests for aquatic therapy, pain management consultation, epidural injections, and facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM - Pain, Suffering, and the Restoration of Function Chapter, page 114; Official Disability Guidelines (ODG) - Neck & Upper Back Chapter; ODG - Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: According to CA MTUS Guidelines (2009), aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight-bearing is desirable (for example, extreme obesity). Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. In this case, there is limited documentation of significant objective and functional deficits in the physical exam to support the need for reduced weight-bearing in order to progress with therapy. In addition, the documentation did not indicate that the patient was severely obese or indicate that he had difficulty ambulating without assistance. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Acupuncture (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to the Acupuncture Medical Treatment Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten recovery. The treatment guidelines support acupuncture treatment to begin as an initial treatment of 3-6 sessions over no more than two weeks. If functional improvement is documented, as defined by the guidelines, further treatment will be considered. In this case, there is no documentation of the number of

sessions requested. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127; Official Disability Guidelines (ODG) - Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment.

Decision rationale: According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific rationale identifying the medical necessity of the requested Pain Management consultation for the lumbar spine. The requested epidural injections and facet injections are not medically necessary. There is also no documentation that diagnostic and therapeutic management has been exhausted within the present treating provider's scope of practice. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Epidural injections (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Research has shown that, on average, less than two injections are required for a successful ESI outcome. ESIs can offer short-term pain relief and use should be in conjunction with other rehab efforts. The purpose of ESIs is 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 functional benefit. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. CA MTUS guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Other criteria for ESIs include, no more than 2 nerve root levels to be

injected using transforaminal blocks, or more than one (1) intralaminar level injected per session. In this case, there is no documentation of corroborated imaging and/or electrodiagnostic testing for the patient's subjective and objective findings on physical exam. In addition, the requested level for injection has not been provided. Medical necessity for the requested service has not been established. The requested epidural steroid injection is not medically necessary.

Facet injections (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet Joint Injections.

Decision rationale: The ODG identifies documentation of non-radicular facet mediated pain, as criteria necessary to support the medical necessity of lumbar facet injections, or medial branch blocks. The ODG identifies, that if successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). The facet joint injections are limited to patients with low-back pain that is non-radicular (and at no more than two levels bilaterally). In this case, there is documentation of radiculopathy. Therefore, based on guidelines and a review of the evidence, medical necessity for the requested injections has not been established. The requested lumbar facet injections are not medically necessary.