

Case Number:	CM15-0178668		
Date Assigned:	09/18/2015	Date of Injury:	11/22/2005
Decision Date:	10/29/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/10/2015

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, Hawaii

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 62 year old male, who sustained an industrial-work injury on 11-22-05. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc displacement without myelopathy, thoracic or lumbosacral neuritis or radiculitis and post laminectomy syndrome of the lumbar region. He has a history of anxiety, depression and multiple sclerosis. Medical records dated (4-6-15 to 4-13-15) indicate that the injured worker states that his multiple sclerosis attacks have occurred again due to the low back pain and stress and he states that he needs his walker, wheelchair and cane for ambulation and to get around. He also would like to have the biofeedback as well as to see a psychologist regarding the stress and anxiety. The medical record dated 6-29-15 indicates that the injured worker feels that the lumbar epidural steroid injections (ESI) have really helped him and he would like to have at least 3-4 injections per year. He states that his back pain has significantly decreased since the injection and he has significantly reduced taking his pain medications. He complains of fathom pain in the left ankle, numbness in both legs, and constant pain in the spine. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 3-30-15 the injured worker has not returned to work. The physical exam dated 6-29-15 reveals lumbar tenderness to palpation, spinal spasm, restricted range of motion, painful neck movements, there is spinal tenderness and spasm noted bilaterally on exam of the paravertebral muscles, straight leg raise test is positive, and sensory is decreased along the left lower extremity (LLE) left L4 and L5 dermatome. He has pain along the erector spinae muscles and pain at the most cephalad point of the incision. Treatment to date has included pain medication, lumbar spinal surgery 2002 and 2006, physical therapy which he had to stop due to pain, swimming, bilateral transforaminal epidural steroid injection under fluoroscopy at L5-S1 on 3-23-15, 12-29-14 and 8-20-14, 4-17-13,

with 75 percent pain relief for over 4 months with reduced medication intake, yoga, biofeedback at least 8 sessions previously which helped minimize anxiety, back brace and other modalities. The requested services included 8 biofeedback sessions with psychologist, Repeat bilateral transforaminal epidural steroid injection under fluoroscopy at L5-S1 and Gym membership. The original Utilization review dated 8-31-15 non-certified the request for 8 biofeedback sessions with psychologist as the records did not clearly indicate evidence of efficacy and ongoing objective functional improvement from the prior sessions, The request for request for Repeat bilateral transforaminal epidural steroid injection under fluoroscopy at L5-S1 was non-certified as there is no clear evidenced based support for pre-emptive injections. The medical necessity should be established based on current symptomology and clinical findings. The request for Gym membership as the documentation does not support that the injured worker is deconditioned and requires a structured environment to perform prescribed exercises and reason why reconditioning cannot be accomplished with a home based program of exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 biofeedback sessions with psychologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Biofeedback therapy guidelines.

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

Decision rationale: The patient presents with pain affecting the mid and low back. The current request is for 8 biofeedback sessions with psychologist. The treating physician report dated 6/29/15 (36B) states, "Request 8 sessions of biofeedback with psychologist PHD (Treating physician) apparently discharged him due to his eccentric personality and does not want to see him anymore." The MTUS guidelines state the following regarding biofeedback: "Not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity." The guidelines go on to state, "Initial trial of 3-4 psychotherapy visits over 2 weeks." The medical reports provided show the patient was discharged from cognitive behavioral therapy previously and the amount of sessions received was not documented. In this case, the ODG guidelines only support treatment beyond 3-4 visits if there is documentation of functional improvement from prior psychotherapy visits. Furthermore, without documentation of the quantity of visits received previously it is uncertain if the current request of 8 sessions will exceed the maximum of 10 visits recommend by the ODG guidelines. The current request is not medically necessary.

Repeat bilateral transforaminal epidural steroid injection under fluoroscopy at L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG for Low Back regarding epidural steroid injections (ESIs), therapeutic.

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

Decision rationale: The patient presents with pain affecting the mid and low back. The current request is for Repeat bilateral Transforaminal epidural steroid injection under fluoroscopy at L5-S1. The treating physician report dated 6/29/15 (35B) states, "He is starting to have pain return in the lower back since his previous epidural injection. He has had significant reduction in his pain since the epidural injection." He states "he is able to walk over an hour when previously he would need to take breaks every 10 minutes." He often receives these injections every 4 months and he is due for a repeat in July. I will go ahead and request a repeat bilateral L5-S1 transforaminal ESI today." MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The guidelines state the following: "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." MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical reports provided do show that the patient has received previous ESIs at the L5-S1 level. The patient presents with lumbar radiculitis and the treating physician is requesting a repeat ESI at the L5-S1 level. In this case, there is documentation of functional improvement from previous injections including: A decrease in pain level, ability to walk for over an hour at a time, ability to ride a bike for an extended amount of time, and a decreased in pain medication. The current request satisfies the MTUS guidelines as outlined on page 46. The current request is medically necessary.

Gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines for the low back regarding Gym Memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Low back, Gym memberships.

Decision rationale: The patient presents with pain affecting the mid and low back. The current request is for Gym membership. The treating physician report dated 6/29/15 (36B) states, "He is planning on returning to his exercise regimen and would like to have his gym membership at 24hr fitness to be restarted. Please authorize a year of gym membership where he is able to swim and exercise through the conservative treatment." The MTUS guidelines do not address the current request. The ODG guidelines have the following regarding gym memberships: "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals." The guidelines go on to state, "Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." In this case, there was no discussion of a need for special equipment in the requesting medical report provided for review. Furthermore, there is also no evidence provided that suggests the patient will be monitored by a medical professional during the duration of his gym membership. Additionally, while the treating physician states in the report dated 6/29/15 that he is requesting a one year gym membership, the current request does not specify a duration and the MTUS guidelines do not support non-delimited requests. The current request does not satisfy the ODG guidelines as outlined in the low back chapter. The current request is not medically necessary.