

Case Number:	CM15-0091969		
Date Assigned:	05/18/2015	Date of Injury:	04/09/2014
Decision Date:	07/03/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/12/2015

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 59 year old male, who sustained an industrial injury on April 9, 2014. He reported left shoulder and left-sided ribcage pain. The injured worker was diagnosed as having thoracic sprain/strain, lumbar herniated nucleus pulposus most significant at lumbar 5-sacral 1 with neural foraminal narrowing, cervical disc herniations with stenosis at cervical 5-6, and cervical and lumbar radiculopathies. Diagnostic studies to date have included an MRI and x-rays. Treatment to date has included home exercise program, physical therapy, acupuncture, chiropractic therapy, and medications including long acting opioid analgesic, non-opioid analgesic, and topical cream. On April 3, 2015, the injured worker complains of persistent aching and stabbing neck pain, greater on the right side. Associated symptoms include radiating pain to the left upper arm and shoulder, occasional numbness of the right arm to the hand, and weak grips bilaterally, worse on the left. His neck pain is rated 5/10. He underwent a neck epidural steroid injection in January 2015, which initially relieved 50% of his pain and continues to provide 30% relief. He complains of constant aching and stabbing low back pain. Associated symptoms include occasional muscle spasms and bilateral lower extremities numbness and tingling to his feet. His mid and low back pain is rated 6/10. His back pain can increased to 8-9/10 depending on his activity level. He is not currently working. The physical exam revealed tenderness of the rhomboid regions and bilateral lumbar paraspinous regions, decreased cervical and lumbar range of motion, and decreased sensation of the left lumbar 4, lumbar 5, and sacral 1 dermatomes. There was decreased muscle strength and hyper-reflexia of the bilateral upper and lower extremities. The treatment plan includes an additional 6 sessions of for the left shoulder.

The requested treatments are bilateral lumbar 5-sacral 1 transforaminal injection, Gabapentin, APAP/Codeine, and 6 sessions of chiropractic for the cervical and lumbar regions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 transforaminal injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Epidural steroid injections (ESIs), therapeutic.

Decision rationale: Based on the 04/03/15 progress report provided by treating physician, the patient presents with pain to back with numbness and tingling to bilateral lower extremities to feet, rated 6-9/10. The request is for BILATERAL L5-S1 TRANSFORAMINAL INJECTION. RFA not available. Patient's diagnosis on 04/03/15 included lumbar herniated nucleus pulposus most significant at L5-S1 with neural foraminal narrowing, cervical disc herniations with stenosis C5-6, cervical and lumbar radiculopathies, and thoracic sprain/strain. Treatment to date has included imaging studies, physical therapy, acupuncture, chiropractic, cervical ESI on 01/30/15, home exercise program, medications and topical creams. Patient's medications include Tylenol #3 and Gabapentin. The patient is temporarily partially disabled, per 04/03/15 report. Treatment reports were provided from 10/14/14 - 04/03/15. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In addition, MTUS states that the patient must be "Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs and muscle relaxants.)" For repeat ESI, MTUS states, "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." ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Epidural steroid injections (ESIs), therapeutic: With discectomy: Epidural steroid administration during lumbar discectomy may reduce early neurologic impairment, pain, and convalescence and enhance recovery without increasing risks of complications. (Rasmussen, 2008) Not recommended post-op. The evidence for ESI for post lumbar surgery syndrome is poor. (Manchikanti, 2012)" Per 04/03/15 progress report, treater states "Continue to request a transforaminal epidural injection bilaterally at L4 and L5 due to the increased numbness and tingling in [patient's] legs and due to diagnostic and therapeutic properties attributed to the procedure. Physical examination to the lumbar spine on 04/03/15 revealed tenderness to palpation to the paraspinal muscles and decreased range of motion. Hyper-reflexia to bilateral lower extremities. Positive straight leg raise test bilaterally, at 40 degrees on the left and 60

degrees on the right. MRI of the lumbar spine dated 01/22/15, per 04/03/15 report revealed "Disc disease and facet arthropathy results in moderate to severe bilateral neural foraminal narrowing at L5-S1. No canal stenosis or nerve impingement is seen at any of the lumbar disc levels." In this case, treater has documented radiculopathy, and supported with positive findings on physical examination. However, 60 degrees on straight leg raise test is not considered a positive finding. Furthermore, MRI does not corroborate with patient's radicular symptoms, stating there is "No canal stenosis or nerve impingement... at any of the lumbar disc levels." MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This request does not meet guideline criteria for the procedure. Therefore, the request IS NOT medically necessary.

Gabapentin 600mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: Based on the 04/03/15 progress report provided by treating physician, the patient presents with pain to back with numbness and tingling to bilateral lower extremities to feet, rated 6-9/10, and neck pain that radiates to bilateral upper extremities, rated 5/10. The request is for Gabapentin 600mg #60. RFA not available. Patient's diagnosis on 04/03/15 included lumbar herniated nucleus pulposus most significant at L5-S1 with neural foraminal narrowing, cervical disc herniations with stenosis C5-6, cervical and lumbar radiculopathies, and thoracic sprain/strain. Physical examination to the lumbar spine on 04/03/15 revealed tenderness to palpation to the paraspinal muscles and decreased range of motion. Hyper-reflexia to bilateral lower extremities. Positive straight leg raise test bilaterally. MRI of the lumbar spine dated 01/22/15, per 04/03/15 report revealed "Disc disease and facet arthropathy results in moderate to severe bilateral neural foraminal narrowing at L5-S1... No canal stenosis or nerve impingement is seen at any of the lumbar disc levels." Treatment to date has included imaging studies, physical therapy, acupuncture, chiropractic, cervical ESI on 01/30/15, home exercise program, medications and topical creams. Patient's medications include Tylenol #3 and Gabapentin. The patient is temporarily partially disabled, per 04/03/15 report. Treatment reports were provided from 10/14/14 - 04/03/15. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Gabapentin has been included in patient's medications, per progress reports dated 12/01/14, 03/03/15, and 04/03/15. Per 04/03/15 report, treater states Tylenol No. 3 and Gabapentin decrease [patient's] pain by about 30-40% and allows him to increase his walking distance about 10 minutes." In this case, medication efficacy has been documented. This request appears reasonable and in accordance with guideline criteria. Therefore, the request IS medically necessary.

APAP/Codeine 300/30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 04/03/15 progress report provided by treating physician, the patient presents with pain to back with numbness and tingling to bilateral lower extremities to feet, rated 6-9/10, and neck pain that radiates to bilateral upper extremities, rated 5/10. The request is for APAP/Codeine 300/30mg #30. RFA not available. Patient's diagnosis on 04/03/15 included lumbar herniated nucleus pulposus most significant at L5-S1 with neural foraminal narrowing, cervical disc herniations with stenosis C5-6, cervical and lumbar radiculopathies, and thoracic sprain/strain. Physical examination to the lumbar spine on 04/03/15 revealed tenderness to palpation to the paraspinal muscles and decreased range of motion. Hyper-reflexia to bilateral lower extremities. Positive straight leg raise test bilaterally. MRI of the lumbar spine dated 01/22/15, per 04/03/15 report revealed "Disc disease and facet arthropathy results in moderate to severe bilateral neural foraminal narrowing at L5-S1... No canal stenosis or nerve impingement is seen at any of the lumbar disc levels." Treatment to date has included imaging studies, physical therapy, acupuncture, chiropractic, cervical ESI on 01/30/15, home exercise program, medications and topical creams. Patient's medications include Tylenol #3 and Gabapentin. The patient is temporarily partially disabled, per 04/03/15 report. Treatment reports were provided from 10/14/14 - 04/03/15. 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 p 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." APAP/Codeine (Tylenol #3) has been included in patient's medications, per progress reports dated 12/01/14, 03/03/15, and 04/03/15. Per 04/03/15 report, treater states Tylenol No. 3 and Gabapentin decrease [patient's] pain by about 30-40% and allows him to increase his walking distance about 10 minutes." In this case, treater has addressed analgesia with numerical scales, but has not stated how APAP/Codeine significantly improves patient's activities of daily living. 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. Given the lack of documentation as required by guidelines, the request is not medically necessary.

6 chiropractic treatments for the cervical and lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: Based on the 04/03/15 progress report provided by treating physician, the patient presents with pain to back with numbness and tingling to bilateral lower extremities to feet, rated 6-9/10, and neck pain that radiates to bilateral upper extremities, rated 5/10. The request is for 6 chiropractic treatments for the cervical and lumbar spine. RFA not available. Patient's diagnosis on 04/03/15 included lumbar herniated nucleus pulposus most significant at L5-S1 with neural foraminal narrowing, cervical disc herniations with stenosis C5-6, cervical and lumbar radiculopathies, and thoracic sprain/strain. Physical examination to the lumbar spine on 04/03/15 revealed tenderness to palpation to the paraspinal muscles and decreased range of motion. Hyper-reflexia to bilateral lower extremities. Positive straight leg raise test bilaterally. MRI of the lumbar spine dated 01/22/15, per 04/03/15 report revealed "Disc disease and facet arthropathy results in moderate to severe bilateral neural foraminal narrowing at L5-S1... No canal stenosis or nerve impingement is seen at any of the lumbar disc levels." Treatment to date has included imaging studies, physical therapy, acupuncture, chiropractic, cervical ESI on 01/30/15, home exercise program, medications and topical creams. Patient's medications include Tylenol #3 and Gabapentin. The patient is temporarily partially disabled, per 04/03/15 report. Treatment reports were provided from 10/14/14 - 04/03/15. MTUS Guidelines, pages 58-59, chronic pain medical treatment guidelines: Manual therapy & manipulation recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Per 04/03/15 report, treatment history indicates "5 chiropractic treatments for his back and neck-good relief." Treater continues to state the patient "has benefited from chiropractic treatment in the past and I do request additional chiropractic treatment at two times a week for three weeks for the neck and back in an attempt to further help decrease his pain and increase his activity level." Given treater's documentation of improvement from prior chiropractic treatment, the request for additional 6 sessions appears reasonable and within guideline indications. Therefore, the request IS medically necessary.