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| Case Number: | CM15-0093302 | | |
| Date Assigned: | 05/19/2015 | Date of Injury: | 01/05/2014 |
| Decision Date: | 07/02/2015 | UR Denial Date: | 04/27/2015 |
| Priority: | Standard | Application Received: | 05/14/2015 |

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 female, who sustained an industrial injury on January 5, 2014. The injured worker was diagnosed as having lumbar herniated nucleus pulposus (HNP), lumbar stenosis and radiculopathy. Treatment to date has included chiropractic therapy, acupuncture and medication. A progress note dated October 13, 2014 the injured worker complains of back pain radiating to the right leg with numbness and tingling and left leg and knee pain. She reports sleep difficulty. She rates her back pain 10/10. Physical exam notes antalgic gait. There is tenderness of the lumbar area and sciatic notch. There is decreased range of motion (ROM) and diminished sensation to light touch. The plan includes epidural steroid injection, pain psychology consultation, chiropractic, medication and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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, ESI.

Decision rationale: Based on the 3/30/15 progress report provided by the treating physician, this patient presents with ongoing and unchanged low back pain rated 10/10 which radiates down bilateral lower extremities, to back of bilateral knees and into right foot digits with numbness/tingling, and reports increased spasms since the last visit. The treater has asked for RIGHT L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION on 3/30/15 given the patient's persistent radicular complaints, the physical exam findings, and MRI findings. The patient's diagnoses per request for authorization form dated 3/30/15 are lumbar HNP, canal stenosis, lumbar radiculopathy, urinary incontinence. The patient is s/p 12 sessions of chiropractic care, and 7 sessions of acupuncture per 3/30/15 report. The patient has recently joined a gym and is able to walk one hour at a time per 3/30/15 report. The patient's current medications are Gabapentin, Fenoprofen, Ibuprofen, Naproxen, unspecified topical cream, and OTC Advil per 3/30/15 report. The patient has not had prior surgical interventions to the back per review of reports. The patient is not currently working, and last worked on 5/8/14. 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)" Review of the reports do not show any evidence of epidural steroid injections being done in the past. The treater is requesting an epidural steroid injection at right L5-S1. The patient presents with low back pain radiating to bilateral lower extremities. Physical examination to the lumbar spine on 3/30/15 revealed decreased lumbar range of motion, especially on extension which is 0-10/25, positive straight leg raise bilaterally, and decreased sensation at L4-5 bilaterally. Review of reports show no MRI of the lumbar spine in the patient's treatment history. In this case, treater has documented patient's radicular symptoms, supported by physical examination but without a corroborative MRI. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.

Chiropractic Treatment 1x6 to the Lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy pain endpoints and outcomes page(s): 8-9, 58-59.

Decision rationale: Based on the 3/30/15 progress report provided by the treating physician, this patient presents with ongoing and unchanged low back pain rated 10/10 which radiates down bilateral lower extremities, to back of bilateral knees and into right foot digits with numbness/tingling, and reports increased spasms since the last visit. The treater has asked for CHIROPRACTIC TREATMENT 1X6 TO THE LUMBAR SPINE on 3/30/15. The patient's diagnoses per request for authorization form dated 3/30/15 are lumbar HNP, canal stenosis, lumbar radiculopathy, urinary incontinence. The patient is s/p 12 sessions of chiropractic care, and 7 sessions of acupuncture per 3/30/15 report. The patient has recently joined a gym and is able to walk one hour at a time per 3/30/15 report. The patient's current medications are Gabapentin, Fenoprofen, Ibuprofen, Naproxen, unspecified topical cream, and OTC Advil per 3/30/15 report. The patient has not had prior surgical interventions to the back per review of reports. The patient is not currently working, and last worked on 5/8/14. MTUS 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. In this case, the patient has had 12 prior chiropractic visits which are mentioned in progress report dated 10/13/14, but does not indicate when they were completed. The chiropractic treatment has helped a lot per 10/13/14 report. The treating physician is requesting for 6 sessions of chiropractic therapy. MTUS, however, recommends a trial of 6 visits with additional sessions requiring an evidence of objective reduction in pain and improvement in function. Review of reports dated 10/13/14 to 3/30/15 does give a general statement that prior chiropractic treatment was helpful, but does not give evidence of objective reduction in pain and improvement in function for the patient. Hence, the request for 6 additional sessions IS NOT medically necessary.

Naproxen Sodium 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain page(s): 22, 60.

Decision rationale: Based on the 3/30/15 progress report provided by the treating physician, this patient presents with ongoing and unchanged low back pain rated 10/10 which radiates down bilateral lower extremities, to back of bilateral knees and into right foot digits with numbness/tingling, and reports increased spasms since the last visit. The treater has asked for NAPROXEN SODIUM 550MG #60 on 3/30/15. The patient's diagnoses per request for authorization form dated 3/30/15 are lumbar HNP, canal stenosis, lumbar radiculopathy, urinary incontinence. The patient is s/p 12 sessions of chiropractic care, and 7 sessions of acupuncture per 3/30/15 report. The patient has recently joined a gym and is able to walk one hour at a time

per 3/30/15 report. The patient's current medications are Gabapentin, Fenoprofen, Ibuprofen, Naproxen, unspecified topical cream, and OTC Advil per 3/30/15 report. The patient has not had prior surgical interventions to the back per review of reports. The patient is not currently working, and last worked on 5/8/14. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "a record of pain and function with the medication should be recorded," when medications are used for chronic pain. The records show that the patient was taking Naproxen as of 12/22/14, 2/4/15, and 3/30/15 reports. Treater does not provide a reason for the request. The patient has been using Naproxen for 3 months. In this case, the treater has not documented how this medication has been effective in management of pain and function. MTUS pg. 60 mandates that pain and function should be recorded when medications are used for chronic pain. Therefore, the request IS NOT medically necessary.

Medication panel x10: 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 Pain chapter, Urine drug testing.

Decision rationale: Based on the 3/30/15 progress report provided by the treating physician, this patient presents with ongoing and unchanged low back pain rated 10/10 which radiates down bilateral lower extremities, to back of bilateral knees and into right foot digits with numbness/tingling, and reports increased spasms since the last visit. The treater has asked for MEDICATION PANEL X10 on 3/30/15. The patient's diagnoses per request for authorization form dated 3/30/15 are lumbar HNP, canal stenosis, lumbar radiculopathy, urinary incontinence. The patient is s/p 12 sessions of chiropractic care, and 7 sessions of acupuncture per 3/30/15 report. The patient has recently joined a gym and is able to walk one hour at a time per 3/30/15 report. The patient's current medications are Gabapentin, Fenoprofen, Ibuprofen, Naproxen, unspecified topical cream, and OTC Advil per 3/30/15 report. The patient has not had prior surgical interventions to the back per review of reports. The patient is not currently working, and last worked on 5/8/14. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. The treater does not discuss this request in the reports provided. In this case, the patient has been taking Naproxen for 3 months, and was taking Fenoprofen as of 10/13/14 report as well. In this case, current list of medication prescribed to patient do not include any opiates or narcotics. Therefore, the request IS NOT medically necessary.