

Case Number:	CM15-0093442		
Date Assigned:	05/19/2015	Date of Injury:	05/22/2008
Decision Date:	06/25/2015	UR Denial Date:	05/07/2015
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: Pennsylvania

Certification(s)/Specialty: Internal Medicine

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 49 year old male who sustained an industrial injury on 5/22/2008. He reported having to drive a garbage truck that did not have enough room between the steering wheel and seat, feeling strain in his neck and back. He also reported having to lift heavy garbage cans, causing mid back pain. The injured worker was diagnosed as having chronic pain syndrome, pain in thoracic spine, sleep disturbance, spasm of muscle, dysthymic disorder, drug dependence unspecified, depressive disorder not otherwise specified, lumbago, and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Additional diagnoses included cardiac disease, atrial fibrillation, hypertension, and diabetes. Treatment to date has included thoracic laminectomy, chiropractic, acupuncture (2008), physical therapy, home exercise program, transcutaneous electrical nerve stimulation (TENS) unit, epidural steroid injections, and medications. A Qualified Medical Examination in December 2014 noted 12 prior physical therapy sessions and 3 sets of epidural steroid injections. An MRI in February 2009 was noted to show T6-7 and T10-11 central disc herniation. Injections were noted to have provided some brief pain reduction. Thoracic spine surgery was planned for March of 2015 but a preoperative consultation noted that the injured worker's cardiac condition precludes his having surgery at that time, as he had chronic atrial fibrillation/atrial flutter and was on pradaxa (an anticoagulant). Currently (4/23/2015), the injured worker complains of diffuse thoracic back pain and diffuse low back pain, rated 9/10. The pain was partially relieved by the use of analgesics and maintaining a restful position. Pain was rated at 9/10 in severity. Current medications included Omeprazole, Cymbalta, Remeron, Cyclobenzaprine, Naproxen, Novolog, and Pradaxa. He was

experiencing no adverse effects from his medications. He did not get cardiac clearance for spine surgery and was recently cardioverted. His physical exam noted palpable taut bands in the area of pain, with soft tissue dysfunction and spasm in the thoracic paraspinal region. Neurological examination showed compromised coordination with abnormal Romberg test. The treatment plan included bilateral T6-7 transforaminal epidural steroid injections, trigger point injections, acupuncture, and physical therapy. Naproxen was discontinued and he was given prescriptions for Lidoderm patch and Mobic. Work status was noted as retired/ on temporary disability. On 5/7/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: physical medicine treatment.

Decision rationale: Physical medicine is recommended by the MTUS with a focus on active treatment modalities to restore flexibility, strength, endurance, function, and range of motion, and to alleviate discomfort. The ODG states that patients should be formally assessed after a six visit clinical trial to evaluate whether physical therapy has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. Both the MTUS and ODG note that the maximum number of sessions for unspecified myalgia and myositis is 9-10 visits over 8 weeks, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. In this case, the injured worker has chronic back pain. Prior physical therapy with 12 sessions several years prior was discussed. There was no documentation of functional improvement as a result of the prior physical therapy; work status remains temporarily disabled and it was noted that the injured worker was retired. There was no discussion of improvement in activities of daily living or reduction in medication use as a result of physical therapy. The MTUS states that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker should be able to transition to a home exercise program after the physical therapy already completed. A home exercise program was previously noted. The number of sessions requested (12) is in excess of the guideline recommendation of a maximum of 10 sessions. Due to lack of functional improvement as a result of prior physical therapy and number of sessions requested in excess of the guideline recommendations, the request for physical therapy x 12 sessions is not medically necessary.

Acupuncture x 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS, 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 functional recovery. The MTUS recommends an initial trial of 3-6 visits of acupuncture. Frequency of treatment of 1-3 times per week with an optimum duration of 1-2 months is specified by the MTUS. Medical necessity for any further acupuncture is considered in light of functional improvement. Acupuncture treatments may be extended if functional improvement is documented. In this case, a prior course of acupuncture in 2008 was noted, without discussion of functional improvement as a result of its use. There was no discussion of reduction or intolerance of pain medication. Physical therapy has been determined to be not medically necessary. Surgery was discussed but the injured worker was not cleared for surgery due to his cardiac condition, and there was no current plan for surgery. Due to lack of specific indication, and lack of functional improvement as a result of prior acupuncture, the request for acupuncture is not medically necessary.

Bilateral T6-7 Thoracic epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be documentation of failure of conservative treatment such as exercises, physical methods, nonsteroidal anti-inflammatory agents, and muscle relaxants. An epidural steroid injection must be at a specific side and level. No more than one interlaminar level should be injected at one session. The MTUS recommends that any repeat injection be considered based on the degree of pain relief and functional improvement 6-8 weeks after the initial injection. In this case, the injured worker has chronic back pain, with finding of T6-7 disc herniation on MRI in 2009, with subsequent spinal surgery in 2010. There was also discussion of prior epidural steroid injections, with specific dates not submitted, and notation of brief pain reduction as a result, but no discussion of functional improvement as a result of the prior epidural steroid injections. No recent detailed neurological examination was submitted. No recent electrodiagnostic studies or current imaging studies were submitted or discussed. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. Due to lack of sufficient documentation of radiculopathy, and lack of documentation of significant improvement in pain or function as a result of prior epidural steroid injections, the request for Bilateral T6-7 Thoracic epidural steroid injection is not medically necessary.

Thoracic trigger point injections x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

Decision rationale: The MTUS states that trigger point injections are recommended only for myofascial pain syndrome in order to maintain function when myofascial trigger points are present on examination. Trigger point injections are not recommended for radicular pain or for typical back pain or neck pain, and have not been proven effective for fibromyalgia syndrome. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Although palpable taut bands were noted on examination of the thoracic region, no findings of local twitch response to stimulus of palpable taut bands in the area of pain was documented. Due to lack of sufficient findings consistent with trigger points, the request for Thoracic trigger point injections x 2 is not medically necessary.