

Case Number:	CM15-0098916		
Date Assigned:	06/01/2015	Date of Injury:	03/13/2003
Decision Date:	07/07/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/22/2015

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 is a 63-year-old female, who sustained an industrial injury on 3/13/2003. The mechanism of injury was not noted. The injured worker was diagnosed as having cervical spine disc rupture, thoracic spine disc bulges, lumbar spine disc rupture, and other problems unrelated to current evaluation. Treatment to date has included diagnostics, lumbar epidural steroid injection 1/21/2014, and medications. Currently (4/23/2015), the injured worker had an epidural scheduled for 4/27/2015. Unspecified weight gain was noted. On 4/21/2015, pain was noted in the neck, upper back, and lower back. No symptoms were noted. Weight was not documented. Medication use included Norco. The treatment plan included x-rays of the lumbar spine and pelvis, lumbar epidural injections, chiropractic x12 for the spine, cervical traction unit, internal medicine consultation, and weight loss consultation. The rationale for the requested treatment was not provided. A pain management progress report, dated 3/19/2015, noted increased low back pain, radiating down both legs. An epidural one year prior was documented to provide over 8 weeks of relief. Her pain was rated 7-8/10. Her blood pressure was 160/85. Strength was 5/5 in the lower extremities and sensation was decreased in the bilateral L5 dermatomes. She had absent patellar tendon reflexes, as well as ankle reflexes. Straight leg raise was positive bilaterally and decreased lumbar range of motion was noted. Urine drug screen (3/19/2015) was inconsistent with expected results.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back.

Decision rationale: Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. According to the American College of Radiology, "It is now clear from previous studies that uncomplicated acute low back pain is a benign, self-limited condition that does not warrant any imaging studies." Indications for plain x-rays include, lumbar spine trauma with pain and tenderness, neurologic deficit, or chance of a fracture. In addition, x-rays are indicated for uncomplicated low back pain, steroids, osteoporosis, age over 70, suspicion of cancer or infection; myelopathy and post-surgery to evaluate the status of a fusion. In this case, there is no documentation of subjective complaints or objective physical exam findings for which x-rays of the lumbar spine would be medically necessary. The requested services are not medically necessary.

X-rays of pelvis: 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), Hip & Pelvis chapter, x-ray section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pelvis, X-Ray.

Decision rationale: Plain radiographs (x-rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. X-rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. Although the diagnostic performance of the imaging techniques (plain radiography, arthrography, and bone scintigraphy) was not significantly different, plain radiography and bone scintigraphy are preferred for the assessment of a femoral component because of their efficacy and lower risk of patient morbidity. In this case, there is no documentation of subjective complaints or objective physical exam findings for which x-rays of the pelvis would be medically necessary. The requested services are not medically necessary.

Epidural injections lumbar: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) 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). In this case, there is no documentation of objective examination findings for which repeat injections (an ESI done in 2014, according to the records) would be necessary. Medical necessity for the requested ESI has not been established. The requested ESI is not medically necessary.

Chiro 1 time a week for 12 weeks for the spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual therapy Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chiropractic manipulation.

Decision rationale: According to MTUS, Manual Therapy or Chiropractic therapy, is recommended for chronic pain if it is caused by musculoskeletal conditions. The intended goal or effect is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For the treatment of low back pain, a trial of 6 visits is recommended over 2 weeks, with evidence of objective improvement, with a total of up to 18 visits over 6-8 weeks. If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated. In this case, the requested number of sessions exceeded the MTUS recommendation. In addition, the patient has a date of injury from 2003, without documentation as to why she requires ongoing passive treatment without objective evidence of functional improvement. Medical necessity for the requested services has not been established. The requested services are not medically necessary.

Cervical traction unit: 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), Neck and Upper Back Chapter, Traction (mechanical).

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

Decision rationale: The ODG states that cervical traction is recommended for patients with cervical radicular symptoms. Studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndrome with radicular symptoms. The ODG recommends home cervical auto-traction (patient-controlled), but not powered traction devices. It is recommended that cervical traction be used in conjunction with a home exercise program. In this case, there are no documentation of subjective complaints or objective examination findings for which cervical traction would be medically necessary. The requested treatment is not medically necessary.

Internal medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127.

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 Internal Medicine consultation. There is no documentation of subjective complaints or information as to why an internal medicine consultation would be needed for this patient. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Weight loss consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine.

Decision rationale: There is no specific documentation addressed by ACOEM/MTUS Guidelines for weight loss programs for chronic pain conditions. According to UpToDate, weight loss is beneficial for partial relief of symptoms for patients with obesity and arthritis. All patients who would benefit from weight loss should receive counseling on diet, exercise and goals for weight management. In this case, there is no documentation of the patient's

current weight or previous attempts to lose weight with diet and exercise to include a journal of caloric intake. The provider has not provided a specific goal for weight loss and there is no documentation indicating that the patient has undergone any previous counseling on lifestyle and behavioral modifications. There is no specific documentation indicating that the claimant's obesity is related to her work injury. Medical necessity for the requested service has not been established. The requested service is not medically necessary.