

Case Number:	CM14-0153134		
Date Assigned:	09/23/2014	Date of Injury:	06/24/2008
Decision Date:	11/07/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/19/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 55-year-old male with a 6/24/08 date of injury, and status post C4-C7 anterior cervical discectomy and fusion 6/3/11 and status post posterior cervical fusion C4-7, microforaminotomy bilateral C4-7 and instrumentation 9/7/12. At the time (9/15/14) of the Decision for bilateral LESI L4-L5, spinal cord stimulator trial, and physical therapy 2 times a week for 4 weeks, there is documentation of subjective (neck pain and lumbar pain, weakness, fatigability upper and lower extremities; anxiety, depression, and suicidal ideation) and objective (not specified) findings, current diagnoses (lumbar spine herniated disc), and treatment to date (lumbar epidural steroid injection, facet injections, medications, activity modification, and physical therapy). The number of physical therapy visits completed to date cannot be determined. Regarding the requested LESI L4-L5, there is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response following previous epidural steroid injection. Regarding the requested spinal cord stimulator trial, there is no documentation of failed back syndrome (persistent pain in patients who have undergone at least one previous back operation); primarily lower extremity pain, that less invasive procedures have failed or are contraindicated, and a psychological evaluation prior to a trial. Regarding the requested physical therapy 2 times a week for 4 weeks, there is no documentation of functional deficits and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral LESI L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

Decision rationale: MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnosis of lumbar spine herniated disc. In addition, there is documentation of previous epidural steroid injection. However, there is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response following previous epidural steroid injection. Therefore, based on guidelines and a review of the evidence, the request for bilateral LESI L4-L5 is not medically necessary.

Spinal Cord Stimulator Trial: 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), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators; CRPS, spinal cord stimulators Page(s): 105-107 and 38.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), primarily lower extremity pain, less invasive procedures have failed or are contraindicated, and a psychological evaluation prior to a trial, as criteria necessary to support the medical necessity of spinal cord stimulation in the management of failed back syndrome. Within the medical information available for review, there is documentation of diagnosis of lumbar spine herniated disc. However, there is no documentation of failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), primarily lower extremity pain, that less invasive procedures have failed or are contraindicated, and a psychological evaluation prior to a trial. Therefore, based on guidelines and a review of the evidence, the request spinal cord stimulator trial is not medically necessary.

Physical Therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbar intervertebral disc disorder not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnosis of lumbar spine herniated disc. In addition, there is documentation of previous physical therapy. However, there is no documentation of functional deficits regarding the low back. In addition, there is no documentation of the number of physical therapy visits completed to date and, if the number of treatment has exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date. Therefore, based on guidelines and a review of the evidence, the request for physical therapy 2 times a week for 4 weeks is not medically necessary.