

Independent Medical Review Final Determination Letter

2680

[REDACTED]

Dated: 12/31/2013

IMR Case Number:	CM13-0022381	Date of Injury:	07/04/2012
Claims Number:	[REDACTED]	UR Denial Date:	08/30/2013
Priority:	STANDARD	Application Received:	09/10/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED], MD		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

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

The employee is a 34 year old with an injury from 7/4/12 that suffers from chronic low back and leg pains. Dr. [REDACTED] treating note from 9/11/13 requested Tramadol and epidural steroid injections. The patient was given Norco since Tramadol was inadequately controlling pain. Transforaminal epidural steroid injections on the left L4, 5 and S1 were requested given MRI and objective findings for therapeutic and diagnostic purposes. MRI showed herniated nucleus pulposus at L4-5 and L5-s1 with bilateral foraminal narrowing. Medications were decreasing the patient's pain, which is in the low back and left leg. Exam showed some weakness in the left leg, hyporeflexia bilateral patellar reflexes, positive straight leg raise on left. EMG/NCV studies from 9/11/12 were normal. MRI report from 8/11/12 showed right sided protrusion at L5-S1, along with moderate canal and bilateral foraminal stenosis at L4-5. For medications, no side effects are noted and they continue to decrease his pain and normalize his function. No before and after pain scales were noted. A 7/24/13 report indicates that the patient's pain is at 7/10 and that the patient had blood in stool one week ago. "He denies any side effects to medications and states they continue to decrease his pain and normalize his function."

IMR DECISION(S) AND RATIONALE(S)

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

1. Tramadol ER 150mg #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS, and Hert M, Huseboe J. Management of Constipation (University of Iowa Gerontological Nursing Interventions Research Center, Research Dissemination Core; 1998 Jun. 49 p.) which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines section on Tramadol page 80, which is part of the MTUS.

The Physician Reviewer's decision rationale:

For on-going management of opiates, MTUS Chronic Pain Guidelines require pain assessment and functional evaluations. The medical records provided for review do not fulfill this requirement. The Guidelines also require that pain levels be compared to baseline. For outcomes measures, the average pain level, time it takes for analgesia, duration of relief, etc are required. Despite review of several progress reports, none of these were provided. MTUS Chronic Pain Guidelines also requires the use of validated numerical evaluation of function at least every 6 months to show that the use of opiates is beneficial. This validated numerical evaluation of function at least every 6 months was not provided for the employee. Furthermore, while the treater documented that the medications were helping, the medical records indicate a sudden change in medication to Norco with a statement that the use Tramadol was not helping the employee. **The request for Tramadol ER 150mg #60 is not medically necessary and appropriate.**

2. 1 Transforaminal Epidural Steroid Injection on the Right at L4, L5, and S1 Roots Between 7/24/13 and 10/27/13 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines pages 46-47, which is part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS Chronic Pain Guidelines do not recommend doing more than 2 level transforaminal epidural steroid injections. In this case, the request is for 3 levels at L4, L5 and S1. Even for diagnostic blocks, a maximum of two blocks are all that is recommended. The MTUS Chronic Pain Guidelines do not specify whether or not these diagnostic blocks can be performed on the same day. Based on the medical records provided for review, the employee's pain is down the left leg while the disc protrusion is over to the opposite right side. At L4-5, central stenosis is noted. Therefore, diagnostic selective nerve blocks are a reasonable approach to determine the level of potential radiculopathy. However, the request for 3 level injections exceeds the recommended

number of level transforaminal epidural steroid injections. **The request for 1 Transforaminal Epidural Steroid Injection on the Right at L4, L5, and S1 Roots Between 7/24/13 and 10/27/13 is not medically necessary and appropriate.**

/MCC

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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