

<b>Case Number:</b>	CM13-0015977		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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. 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:

The patient is a 41-year-old male who reported an injury on 10/10/2011. The mechanism of injury was a fall. The patient's symptoms include low back pain with radiation into the bilateral lower extremities to the knees. His physical examination findings are noted to include normal motor strength and reflexes in the bilateral lower extremities. He was also noted to have negative straight leg raise testing. His diagnoses are noted to include lumbosacral radiculopathy, compression fracture of L1-2, facet arthropathy, central canal narrowing, and degenerative disc of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine ESI:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 46.

**Decision rationale:** The Physician Reviewer's decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, epidural steroid injections may be recommended for patients with radiculopathy documented by physical examination findings and corroborated

by imaging studies and/or electrodiagnostic testing. The patient was noted to have a disc herniation affecting both L5 nerve roots at the L5-S1 level. However, the request for an epidural steroid injection to the lumbar spine failed to indicate which level the request is being made for. Additionally, the patient's recent physical examination findings failed to include any evidence of objective findings consistent with radiculopathy in order to correlate with the MRI findings. In the absence of significant physical examination findings, the request for an epidural steroid injection is not supported. As such, the request is noncertified.

**Tramadol 50mg #180 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** The Physician Reviewer's decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the ongoing management of opioid medication should include detailed documentation regarding the patient's pain outcomes, functional status, and the 4 A's for ongoing monitoring, which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical information submitted for review failed to provide evidence of these details required by the guidelines in order to continue with opioid medications. As such, the request for tramadol is not supported. Therefore, the request is noncertified.

**Omeprazole 20mg #30 with 1 refill:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Office visits.

**Decision rationale:** The Physician Reviewer's decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, a proton pump inhibitor may be recommended for patients taking NSAID medications who have been shown to have symptoms of dyspepsia, or who have been noted to be at particular risk for gastrointestinal events. The clinical information submitted for review failed to indicate that the patient was currently using an NSAID medication, or whether they had symptoms of dyspepsia related to the use of an NSAID, or documented risk factors for gastrointestinal events. As such, the request for omeprazole is not supported by guidelines. Therefore, the request is noncertified.

**Pain management consult and treatment for lumbar spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Office visits.

**Decision rationale:** The Physician Reviewer's decision rationale: According to the Official Disability Guidelines, office visits play a critical role in the proper diagnosis and return to function of injured workers and should be encouraged. The need for office visits with health care providers is individualized based upon review of the patient's symptoms, physical examination findings, clinical stability, and reasonable physician judgment. The patient was noted to have persistent symptoms of low back pain with radiation into his bilateral lower extremities, as well as significant findings on his MRI. Therefore, the request for a pain management consult is supported by guidelines. For this reason, the request is certified.

**CBC, hepatic and arthritis panel, chem 8 panel, CPK, and CRP:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** The Physician Reviewer's decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, routine monitoring of a CBC and chemistry profile, including liver and renal function tests, is recommended when patients are using NSAID medications. The clinical information provided for review failed to provide details regarding the physician's reason for ordering labs to include a CBC, hepatic and arthritis panel, a chem 8 Panel, a CPK, and a CRP. Without specific details regarding the purpose of each test, the request cannot be supported. Additionally, the guidelines indicate that a CBC and liver and renal functions tests are supported for patients taking NSAID medication. However, the patient's specific medications, including an NSAID, were not detailed in the clinical information provided. In the absence of these details and more specific information regarding the request, it is not supported. As such, the request is noncertified.