

Case Number:	CM13-0035664		
Date Assigned:	12/13/2013	Date of Injury:	11/03/2012
Decision Date:	03/18/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/17/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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.

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 59-year-old injured worker who reported injury on 11/03/2012. The mechanism of injury was stated to be the patient fell from a chair. The patient was noted to be treated with acupuncture, physical therapy, medications, an epidural steroid injection on 05/30/2013, and a lumbar facet block on 07/11/2013. The patient was noted to have complaints of constant pain in the low back traveling to bilateral legs entirely. The Kemp's test and facet test was positive on the left and negative on the right. The patient was noted to have paraspinal tenderness bilaterally at L2 through S1. At L3 to S1, the patient was noted to have spinal tenderness bilaterally. The patient was noted to perform a straight leg raise at 25 degrees on the right and on the left at 30 degrees with radiating pain to the low back. The diagnoses included lumbago, displacement of lumbar intervertebral disc without myelopathy, lumbar facet joint syndrome/hypertrophy, myalgia and neural foraminal stenosis at L5-S1. The recommendation was made to include a topical ointment and tramadol. Further recommendations included a urinalysis on 09/11/2013, a psychological evaluation, clearance from an internal medicine specialist, lumbar facet joint block, and lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second therapeutic lumbar epidural steroid injection at disc levels L4-L5 and L5-S1:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: California MTUS Guidelines recommend a repeat epidural steroid injection when the patient has documented pain and functional improvement including at least 50% pain relief with associated reduction of pain medication use for 6 to 8 weeks. The patient was noted to have an epidural steroid injection on 05/30/2013. The patient was noted to have a reduction in pain that began 21 days after the procedure. The reduction in pain was noted to be a reduction from 8 to 9 of a constant pain to 5 on a numeric rating scale of 0 to 10. The patient was noted to gain functional benefit. It was noted the procedure did not help reduce the patient's leg pain. It was noted that the procedure did not assist the patient to perform activities of daily living and it was noted that the patient's frequency of pain was slightly less than prior to the procedure. The clinical documentation submitted for review indicated the patient had a lack of dermatomal or myotomal deficit to support the diagnosis of radiculopathy. The request for a second therapeutic lumbar epidural steroid injection at disc levels L4-5 and L5-S1 is not medically necessary.

Lumbar facet joint block at the medial branch L1-L2, L2-L3, L3-L4, L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The ACOEM Guidelines indicate that facet joint injections are not recommended for the treatment of low back disorders. However, despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic. As such, there is the application of the Official Disability Guidelines, which indicate that facet joint medial branch blocks as therapeutic injections are not recommended except as a diagnostic tool as minimal evidence for treatment exists. Additionally, per Official Disability Guidelines, no more than 2 levels should be injected at 1 time and a lumbar epidural steroid injection and a lumbar facet injection should not be performed on the same day as it would be difficult to identify the pain generator. The clinical documentation submitted for review indicated the patient had facet blocks at L1 through L5 on 07/11/2013. There was a lack of documentation of the patient's response to the injection to support the pain generator had been located. The patient was noted to have a right straight leg raise at 25 degrees and left at 30 degrees with radiating pain down to the low back. The patient was noted to have paraspinal tenderness bilaterally at L2 through S1. The patient was noted to have a normal sensory examination; however, the patient did not have a normal straight leg raise exam. There is a lack of documentation indicating they would be performed separately. A request was made for four levels of injections and this would exceed guideline recommendations. The requested injection should be used as a diagnostic tool and there was a lack of documentation indicating the necessity for an additional block. The request for lumbar facet joint block at the medial branch L1-L2, L2-L3, L3-L4, L4-L5 is not medically necessary and appropriate.

Clearance from internal medicine specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Society of General Internal Medicine: <http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit>

Decision rationale: Per the Society of General Internal Medicine Online, "Preoperative assessment is expected before all surgical procedures." The clinical documentation submitted for review does not support the request for clearance with an internal medicine specialist. There is a lack of documentation of the specific note requesting this service to support the necessity. The request for clearance from internal medicine specialist is not medically necessary and appropriate.

Psychological evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100.

Decision rationale: According to the California MTUS Guidelines psychological evaluations are recommended and diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The clinical documentation submitted for review failed to indicate the patient had signs or symptoms that would indicate the necessity for a psychological evaluation. The request for psychological evaluation is not medically necessary and appropriate.

Urinalysis; 9/11/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS indicates that the use of urine drug screening is for patients with documented issue of abuse, addiction, or poor pain control. The clinical documentation for the date of requested service is missing from the submitted reports to support the necessity. The request for urinalysis 09/11/2013 is not medically necessary and appropriate.

Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing Management Page(s): 82, 78.

Decision rationale: The California MTUS does not recommend Tramadol as a first line therapy. It is recommended as a second line treatment for chronic pain. There should be documentation of the 4 A's for ongoing management, including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review fails to provide documentation of the "4 A's" to support ongoing treatment with the medication. Additionally, there is a lack of documentation indicating the patient had trialed a first line treatment and failed. There was a lack of documentation of the quantity and the strength being requested. The request for tramadol is not medically necessary and appropriate.