

Case Number:	CM13-0035755		
Date Assigned:	12/13/2013	Date of Injury:	01/26/2010
Decision Date:	02/13/2014	UR Denial Date:	10/08/2013
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 and Sports Medicine and is licensed to practice in New York 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. 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 48-year-old male who reported injury on 01/25/2010. The mechanism of injury was stated to be the patient was carrying a scaffold. The patient was noted to have subjective complaints of pain in the lumbar spine with pain and weakness in the bilateral lower extremities. The patient was noted to have tenderness to palpation over the lower lumbar spine with paraspinal spasms noted. The patient's diagnoses were noted to include lumbar spine sprain/strain with herniated nucleus pulposus at L4-5 and L5-S1 with symptoms of lower extremity radiculitis/radiculopathy and positive electromyography (EMG) status post an epidural steroid based injection with at least 50-60% improvement in pain, but the pain was noted to have subsequently recurred. The request was made for aquatic therapy, labs, epidural steroid injection, and refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times per week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The clinical documentation submitted for review failed to provide that the patient had a necessity for reduced weight-bearing aquatic therapy. There was a lack of documentation indicating the rationale. Given the above, the request for aquatic therapy 2 times a week for 6 weeks for the lumbar spine is not medically necessary at this time.

Lab CBC, SMA-7, PTT, PT, and INR: Upheld

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

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 Chapter, Preoperative lab testing.

Decision rationale: The Official Disability Guidelines indicate that a complete blood count for patients with disease that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated; and coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding and for those taking anticoagulants; and that electrolyte and creatinine testing should be performed in patients with underlying chronic disease and the patients taking medications that predispose them to electrolyte abnormalities and renal failure. The clinical documentation submitted for review indicated that these labs were being requested for preoperative purposes. An epidural steroid injection generally does not necessitate preoperative labs, and there is a lack of documentation of exceptional factors. Furthermore, as the requested lumbar spine epidural steroid injection is not medically necessary, the request for lab CBC, SMA-7, PTT, PT, and INR is also not medically necessary.

Lumbar spine epidural steroid injection 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: The California MTUS guidelines recommend that for a repeat Epidural steroid injection, there must be objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region, per year. The clinical documentation submitted for review indicated the patient had a prior epidural steroid injection. It was noted the patient had 50-60% improvement; however, there was a lack of documentation indicating the patient's objective functional improvement and associated reduction of medication use for 6 to 8 weeks. Given the above, the request for lumbar spine epidural steroid injection at L4-5 and L5-S1 is not medically necessary at this time.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The California MTUS guidelines recommend short acting opioids, such as Norco, for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the "4 A's" to support ongoing usage. Given the above, the request for Norco 10/325 mg #120 is not medically necessary

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 69.

Decision rationale: The California MTUS recommends proton pump inhibitors for the treatment of dyspepsia secondary to nonsteroidal anti-inflammatory drug (NSAID) therapy. The clinical documentation submitted for review failed to indicate the patient has signs and symptoms of dyspepsia. Additionally, there was a lack of documentation indicating the efficacy of the requested medication. Given the above, the request for Prilosec 20 mg #60 is not medically necessary.

Tramadol #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing Management Page(s): 82, 93, 94, 113, 78.

Decision rationale: The California MTUS states that central analgesic drugs, such as Tramadol (Ultram[®]), are reported to be effective in managing neuropathic pain. These drugs are not recommended as a first-line oral analgesic. The guidelines recommend that there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the "4 A's" to support ongoing usage. There was also a

lack of documentation of the strength of the medication being requested. Given the above, the request for Tramadol #60 is not medically necessary.