

Case Number:	CM13-0044966		
Date Assigned:	12/27/2013	Date of Injury:	08/09/2012
Decision Date:	03/11/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/31/2013

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 & Rehabilitation and is licensed to practice in Oklahoma 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 51-year-old male who reported injury on 08/09/2012. The mechanism of injury was noted to be the patient was carrying a 24-foot ladder and the ladder started to twist out of control, and the patient attempted to stabilize the ladder and had resultant low back pain. The patient was noted to have a CT of the lumbar spine, which showed at L4-5, there was a minimal symmetric disc bulge without spinal stenosis or neural foraminal narrowing. At L5-S1, there was noted to be a 4 mm asymmetric disc bulge to the left and the spinal canal was noted to be adequate. There was noted to be a mild left neural foraminal narrowing with a right neural foramen that was noted to be adequate. The patient's diagnoses were noted to include lumbar spinal stenosis, lumbar radiculopathy and lumbago. The request was made for Oxycontin and Bilateral Epidural steroid injections at L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg, QTY: 120.00: 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 Medications for chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: California MTUS Guidelines indicate that medications for chronic pain include opiates. There should be documentation of objective decrease in the VAS score, objective functional improvement, documentation of adverse side effects, and documentation of any aberrant drug-seeking behavior. Additionally it is recommended that opioid dosing not exceed 120 mg of oral morphine equivalents per day. The patient's morphine equivalent dose would be 240, which exceeds guideline recommendations. The clinical documentation submitted for review indicated that the patient was taking OxyContin and Percocet. The patient indicated that he had 60% pain relief with the medications. The patient indicated that without the pain medication, the level of pain was 10/10, and with the medications, the pain was 4/10. The patient indicated that with the medications, he was able to walk more, go to the grocery store, perform lawn work, and sit for longer periods of time. There was a lack of documentation of adverse side effects, as well as any drug-seeking behavior. Additionally, as the patient was noted to be on 2 pain medications at the same time, there was an inability to indicate the efficacy of each medication for the relief of pain. Given the above, and the lack of documentation of adverse side effects, as well as aberrant drug-seeking behavior, the request for OxyContin 30 mg #120 is not medically necessary.

Bilateral L4-5 transforaminal epidural steroid injection, QTY: 1.00: 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 Epidural Steroid Injections Page(s): 46.

Decision rationale: California MTUS Guidelines recommend for repeat epidural steroid injections, there must be objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 modalities or procedural units in total per visit, allowing the physical therapy visit to focus on those treatments where there is evidence of functional improvement blocks per region per year. Clinical documentation submitted for review failed to provide the above documentation. The patient was noted to have 2 prior injections and there was a lack of documentation indicating the level of the injections. Additionally, the patient was noted to have 5/5 strength bilaterally in lower extremities, with positive straight leg raise bilaterally at 30 to 45 degrees. There was a lack of documentation of a dermatomal examination and there was lack of documentation indicating that the pain radiated upon the performance of the straight leg raise to support that the patient had radiculopathy. Given the above, the request for bilateral L4-5 transforaminal epidural steroid injection, QTY: 1.00, is not medically necessary.

Bilateral L5-S1 transforaminal epidural steroid injection, QTY: 1.00: 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 Epidural Steroid Injections Page(s): 46.

Decision rationale: California MTUS Guidelines recommend for repeat epidural steroid injections, there must be objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 modalities or procedural units in total per visit, allowing the physical therapy visit to focus on those treatments where there is evidence of functional improvement blocks per region per year. Clinical documentation submitted for review failed to provide the above documentation. The patient was noted to have 2 prior injections. There was a lack of documentation indicating the level of the injections. Additionally, the patient was noted to have 5/5 strength bilaterally in lower extremities, with positive straight leg raise bilaterally at 30 to 45 degrees. There was a lack of documentation of a dermatomal examination and there was lack of documentation indicating that the pain radiated upon the performance of the straight leg raise to support that the patient had radiculopathy. Given the above, the request for bilateral L5-S1 transforaminal epidural steroid injection, QTY: 1.00, is not medically necessary.