

Case Number:	CM13-0046922		
Date Assigned:	12/27/2013	Date of Injury:	08/17/2010
Decision Date:	10/23/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in Arizona. 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 expert 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:

Patient is a 31 year old female with a date of injury on 8/17/2010. Diagnoses include L4-5 degenerative disc disease, protrusion and retrolisthesis, and status post L5-S1 laminectomy/discectomy. Subjective complaints are of low back pain with radiation to the bilateral legs extending to the feet. Pain is rated at 8/10. Physical exam shows decreased lumbar range of motion, hyperesthesia and weakness at the left L5-S1 dermatomes. Straight leg raise test is positive bilaterally. Medications include Norco, Flexeril, and Docuprene. Pain without Norco is 8-9/10 and is 7/10 with Norco and patient is able to sleep better and have greater function. Treatment has included physical therapy, medications, aquatic therapy, chiropractic, L5-S1 fusion in 5/23/11, and decompression and hardware removal in 10/17/2012. Lumbar MRI from 6/11/13 showed degenerative disc disease. An EMG from 4/19/2013 showed L5/S1 polyradiculopathy on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection, Left L5, S1: Overturned

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

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

Decision rationale: MTUS notes that the purpose of epidural steroid injections (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. The American Academy of Neurology concluded that epidural steroid injections may lead to improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. Criteria for epidural steroid injections must show documented radiculopathy on physical exam and corroborated by imaging studies and/or electrodiagnostic testing. For this patient, there was objective evidence of radiculopathy and correlation with EMG and MRI studies. Therefore, the medical necessity of an epidural steroid injection is established.

Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, or may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Duration and frequency of acupuncture is 3-6 treatments to produce functional improvement, with extension of treatment if functional improvement is documented, with "functional improvement" meaning a significant increase in daily activities or reduction in work restrictions, as determined by subjective and objective findings. For this patient, the documentation and the request as written does not indicate the amount of acupuncture being recommended. Therefore, the medical necessity of acupuncture treatment is not established at this time.

Norco 5/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines including risk assessment, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

Prilosec 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to CA MTUS guidelines, a proton pump inhibitor (PPI) can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDS. The ODG suggests that PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. This patient is not on chronic NSAID therapy, and ongoing gastric complaints are not evident in the documentation. Therefore, the medical necessity for Prilosec is not established at this time.