MAXIMUS Federal Services

Case Number:	CM13-0047157		
Date Assigned:	12/27/2013	Date of Injury:	02/10/2004
Decision Date:	02/24/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/12/2013

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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine and is licensed to practice in California. 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 injured worker is a 29 year old male with a date of injury of 2/10/04. The patient was noted to be with exacerbation of low back pain. He has been diagnosed with left-sided L4-L5 disc herniation with nerve root impingement and radiculopathy. Imaging studies were not provided for review. He has previously been treated with an epidural steroid injection, physical therapy, and medication. The previous ESI improved the injured worker's symptoms, but the documentation does not indicate to what level or for what duration. The date of the Utilization Review (UR) decision was 11/4/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation by a pain management specialist for repeat epidural injection: Overturned

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

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

Decision rationale: The UR physician is inaccurate in their assertion that conservative treatment has not been performed. The documentation indicates that Physical Therapy, meds, and epidural steroid injection (ESI) have taken place. It is unclear to me if this is a request for repeat ESI, or a

request for consultation in the office with the pain specialist, but not specifically a preauthorization for ESI. The UR physician stated "As an ESI is not medically necessary, a pain management consultation would not be necessary either". I disagree with this assertion because pain physicians offer more than just ESIs to help patients with pain refractory to conservative care. Since the previous ESI was performed 8/2011, and the current exacerbation represents a new therapeutic phase, re-evaluation by a pain management specialist for repeat epidural injection is medically necessary.

A-stim unit plus supplies for home use: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: Without specific information regarding what electrical stimulation modality is provided by the A-Stim unit I cannot affirm medical necessity.

Prescription of Topical cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 60, 111-113.

Decision rationale: Without specific ingredients of the topical cream I cannot affirm medical necessity.

Prescription of Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

Decision rationale: The documentation submitted for review does not indicate that the injured worker has failed a trial of non-opioid analgesics for this exacerbation of his pain which began some months ago. Additionally, the medical necessity of this request cannot be affirmed without dosage information. The request is not medically necessary.