

Case Number:	CM13-0047301		
Date Assigned:	04/25/2014	Date of Injury:	08/03/2000
Decision Date:	07/07/2014	UR Denial Date:	10/09/2013
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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 66-year-old male who reported an injury on 08/03/2000. The mechanism of injury was not provided. The documentation of 10/02/2013 revealed the injured worker's medications included Medrol Dosepak, ranitidine 150 mg, Gabitril 2 mg tablets, Flexeril 10 mg tablets and Roxicodone 15 mg tablets. The injured worker reported an increase in low back pain and leg pain. The injured worker had moderate bilateral upper lumbar tenderness to palpation with trigger points and decreased range of motion. The injured worker had a lying straight leg raise that was positive on the left with pain to back area and a sitting straight leg raise that was positive on the left. The toe/heel walk was abnormal on the left. The injured worker had decreased sensation to pinprick on the right at L5 and had decreased sensation to light touch on the right lower extremity. The diagnoses included questionable lumbar facet arthropathy, lumbar degenerated disc disease, lumbar radiculopathy and lumbar region sprain/strain. The injured worker had the pain develop after he stepped off of a curb. The injured worker and physician discussed the Medrol Dosepak, however, the injured worker was concerned he could not afford it. The treatment plan included a sample of Zipsor, a caudal epidural steroid injection, Medrol Dosepak, a CBC, CMP, and free testosterone.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAUDAL EPIDURAL STEROID INJECTION UNDER FLUOROSCOPIC GUIDANCE AND ANESTHESIA: 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 Injection, do not address anesthesia for Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Epidural steroid injections (ESIs).

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections when there are objective findings of radiculopathy, that are corroborated by imaging studies and when there is documentation the injured worker's pain has been unresponsive to conservative treatment. The clinical documentation submitted for review indicated the injured worker had objective findings of radiculopathy. There was no official read from an MRI in the submitted documentation. There was a lack of documentation indicating the injured worker had undergone prior conservative care. The Official Disability Guidelines indicate that there is no evidence based literature to make a firm recommendation for or against sedation, although the use of sedation is less than ideal. The clinical documentation submitted for review failed to indicate a rationale for the use of anesthesia. Given the above, the request for caudal epidural steroid injection under fluoroscopic guidance and anesthesia is not medically necessary.

CBC(COMPLETE BLOOD COUNT): 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
<http://www.nlm.nih.gov/medlineplus/laboratorytests.html>.

Decision rationale: Per nlm.nih.gov "Laboratory tests check a sample of your blood, urine, or body tissues. Laboratory tests are often part of a routine checkup to look for changes in your health. They also help doctors diagnose medical conditions, plan or evaluate treatments, and monitor disease". There was a lack of documented rationale for the necessity of a CBC and CMP. Given the above, the request for a CBC (complete blood count) is not medically necessary.

CMP(COMPREHENSIVE METABOLIC PANEL): 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
<http://www.nlm.nih.gov/medlineplus/laboratorytests.html>.

Decision rationale: Per nlm.nih.gov "Laboratory tests check a sample of your blood, urine, or body tissues. Laboratory tests are often part of a routine checkup to look for changes in your health. They also help doctors diagnose medical conditions, plan or evaluate treatments, and monitor disease". There was a lack of documented rationale for the necessity of a CBC and CMP. Given the above, the request for a CMP (comprehensive metabolic panel) is not medically necessary.

FREE TESTOSTERONE LEVELS: 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/laboratorytests.html>.

Decision rationale: Per nlm.nih.gov "Laboratory tests check a sample of your blood, urine, or body tissues. Laboratory tests are often part of a routine checkup to look for changes in your health. They also help doctors diagnose medical conditions, plan or evaluate treatments, and monitor disease". There was a lack of documented rationale for the necessity of a CBC, CMP, or Free Testosterone Level. Given the above, the request for a Free Testosterone Level is not medically necessary.

MEDROL 4 MG #1 PAK: 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 CRPS treatment Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Oral Corticosteroids.

Decision rationale: The California MTUS Guidelines recommend oral corticosteroids for the treatment of CRPS. They do not, however, address it for the treatment of chronic pain. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that oral corticosteroids are recommended in limited circumstances for acute radicular pain. The criteria for the use of corticosteroids include the injured worker should have clear cut signs and symptoms of radiculopathy, the risks of steroids should be discussed with the injured worker and documented in the record, the injured worker should be aware of the evidence that research provides limited evidence of the effect of the medication and that should be documented in the record, and the current research indicates that early treatment is most successful. Additionally, it indicates that treatment in the chronic phase of injury should generally be after a symptoms-free period with subsequent exacerbation or when there is evidence of a new injury. The duration of use could not be established, although it was on the prior medication list there was no documentation the injured worker had taken the medication. The clinical documentation submitted for review indicated the injured worker had clear cut signs and symptoms of

radiculopathy. There was documentation of a new injury. However, there was a lack of documentation indicating a symptom-free period, that the risk of steroids were discussed and that the injured worker was aware of the evidence that research provides limited evidence of an effective with some medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations, the request for Medrol 4 mg #1 Pak is not medically necessary.