MAXIMUS Federal Services

Case Number:	CM13-0048207		
Date Assigned:	04/04/2014	Date of Injury:	07/10/2012
Decision Date:	05/08/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/04/2013

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 Occupational 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 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:

As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, lumbar epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which are radiographically and/or electrodiagnostically confirmed. In this case, the applicant does have ongoing issues with low back pain radiating to the leg. The applicant has corresponding MRI findings which suggest moderate-to-marked spinal stenosis, bilateral degenerative changes, and bilateral neuroforaminal narrowing/neurologic compromise at the L4-L5 level, per an earlier lumbar MRI of February 12, 2013. The applicant also has weakness about the leg and hyposensorium also appreciated about the same. Thus, all evidence on file seemingly suggest that the applicant does in fact have a clinically active, physically confirmed, and radiographically corroborated radiculopathy which could benefit from a trial, first-time epidural steroid injection. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 EPIDURAL STEROID INJECTION W FLUOROSCOPY: Overturned

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 topic Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, lumbar epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which are radiographically and/or electrodiagnostically confirmed. In this case, the applicant does have ongoing issues with low back pain radiating to the leg. The applicant has corresponding MRI findings which suggest moderate-to-marked spinal stenosis, bilateral degenerative changes, and bilateral neuroforaminal narrowing/neurologic compromise at the L4-L5 level, per an earlier lumbar MRI of February 12, 2013. The applicant also has weakness about the leg and hyposensorium also appreciated about the same. Thus, all evidence on file seemingly suggest that the applicant does in fact have a clinically active, physically confirmed, and radiographically corroborated radiculopathy which could benefit from a trial, first-time epidural steroid injection. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.

ULTRAM: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, the attending provider has seemingly posited that the applicant has met these criteria. The applicant's pain levels have apparently dropped from 9/10 to 10/10 as a result of ongoing Ultram usage, it was later reported. The applicant has successfully returned to modified work. On balance, then, continuing opioid therapy with Ultram is indicated and appropriate. Therefore, the request is certified, on independent medical review.

BIO-THERM TOPICAL CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113, 124.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Postsurgical Treatment Guidelines Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as Biotherm, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." It is further

noted that prescription for a first-line oral pharmaceutical, Ultram, has been certified above, effectively obviating the need for the largely experimental Biotherm topical agent. Accordingly, the request is not certified, for all the stated reasons.