MAXIMUS Federal Services

Case Number:	CM13-0072441		
Date Assigned:	02/07/2014	Date of Injury:	12/09/2011
Decision Date:	06/09/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/31/2013

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 9, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; reportedly normal electrodiagnostic testing of the lumbar spine and lower extremities dated November 19, 2012; reportedly normal electrodiagnostic testing of the cervical spine and upper extremities dated November 20, 2012; and opioid therapy. In a Utilization Review Report of December 13, 2013, the claims administrator denied request for lumbar epidural steroid injection therapy, two cervical epidural steroid injections, and tramadol. The applicant's attorney subsequently appealed. A December 4, 2013 progress note is notable for comments that the applicant reported moderate-to-severe neck and low back pain. The applicant was apparently pursuing epidural steroid injection therapy. It was stated that the applicant reported shooting pain from the neck to the left arm. Tenderness is noted about the paraspinal musculature. The applicant also exhibited tenderness about the lumbar paraspinal musculature with positive straight leg raising noted about the lumbar spine and diminished sensorium about the left lower extremity. The applicant was given diagnoses of cervical strain, lumbar radiculopathy, low back pain, and cervical radiculopathy. Two cervical epidural steroid injections and a lumbar epidural steroid injection were endorsed. It was stated that lumbar epidural steroid could be employed for both diagnostic and therapeutic purposes. Tramadol was also endorsed. Also reviewed are handwritten notes interspersed throughout the file, including a note dated November 3, 2012, in which the applicant underwent a cervical epidural steroid injection. The applicant again underwent cervical epidural injection therapy on October 17, 2012. In a psychiatric medical-legal evaluation dated

December 19, 2012, the applicant was described as having previously received three lumbar and three cervical epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

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

Decision rationale: The request in question is a request for a repeat block. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, however, repeat blocks should be predicated on evidence of analgesia and functional improvement achieved with earlier blocks. In this case, however, the applicant has failed to achieve the requisite pain relief and/or functional improvement with earlier blocks. The applicant has had three prior lumbar epidural steroid injection and remains off of work. The applicant remains highly reliant on various analgesic and psychotropic medications. All of the above, taken together, imply a lack of functional improvement as defined in MTUS despite earlier epidural steroid injections. Therefore, the request is not medically necessary.

CESI C7-T1 TIMES 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

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

Decision rationale: As with the request for lumbar epidural steroid injection therapy, the applicant has had three prior cervical epidural steroid injections. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat cervical epidural block should be predicated on functional improvement and pain relief achieved through earlier blocks. In this case, however, the applicant is off of work. The applicant remains highly reliant on analgesic medications and psychotropic medications. Pursuit of repeat epidural blocks is not indicated. It is further that page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does not support a series of three epidural steroid injections or, by implication, a series of two epidural steroid injections, preferring instead to base repeat blocks on evidence of functional improvement with earlier blocks. In this case, however, there has been no such evidence of functional improvement with earlier blocks. Therefore, the request is not medically necessary.

TRAMADOL ER 150 MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 reduction in pain, improvement in function, and/or successful return to work achieved as a result of ongoing opioid therapy. In this case, however, these criteria have not seemingly been met. The applicant remains off of work. There is no evidence of appropriate analgesia and/or improvements in function achieved as a result of ongoing tramadol usage. The documentation on file was sparse and did not seemingly establish the presence of any of the aforementioned criteria. Therefore, the request is not medically necessary.