

Case Number:	CM14-0009628		
Date Assigned:	02/14/2014	Date of Injury:	08/04/2000
Decision Date:	08/04/2014	UR Denial Date:	01/18/2014
Priority:	Standard	Application Received:	01/24/2014

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 patient is a 63-year-old who has filed a claim for lumbosacral disc degeneration associated with an industrial injury date of August 04, 2000. Review of progress notes indicates improvement of pain symptoms from the transforaminal epidural steroid injection from March 04, 2014. Prior to this, patient reported worsening of pain symptoms and decreased functionality due to decreased pain medication intake and denied injections. Previous to the epidural steroid injection, patient had low back pain radiating down the posterolateral aspect of the left leg, include antalgic gait, diffuse tenderness of the lumbar spine, limited range of motion, positive straight leg raise test bilaterally, weakness of the left lower extremity, and decreased sensation over the L5 distribution more on the left than on the right. Post-injection, findings include antalgic gait, diffuse tenderness of the lumbar spine, and limited range of motion. Treatment to date has included opioids, physical therapy, lumbar epidural steroid injections, left greater trochanteric bursa injection, and lumbar spinal surgery. Utilization review from January 18, 2014 denied the requests for physical therapy as there was documentation of unsuccessful physical therapy sessions; and hospital bed as there is no guideline support for this. There was modified certification for oxycontin 80mg for #120 and oxycodone ER 15mg for #150 as the patient has a high level of opiate intake with documentation of numerous side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided transforaminal epidural injection (with sedation if necessary):
Upheld

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

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

Decision rationale: As stated on the Chronic Pain Medical Treatment Guidelines, there is no support for epidural injections in the absence of objective radiculopathy. Criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and conservative treatment. Repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. Previous injection was performed in 2012. Progress notes report that the patient had significant improvement in pain with increased functionality lasting 3-4 months. There is documentation that since the medications have been decreased and injections denied, the patient has cut back significantly on activities. Intermittent injections have allowed the patient to keep the medication dose stable and to do activities around the house. The patient presented with worsening of radicular pain symptoms as the opiate medications have been decreased to about 50% of the usual dose. At this time, a lumbar epidural steroid injection is reasonable as there has been significant benefit derived from previous injections, and to maintain a tolerable level of pain and function with the concomitant decrease in opiates. Previous utilization review determination, dated January 18, 2014, has already certified this request at the left L5 level. Therefore, the request for fluoroscopically-guided transforaminal epidural steroid injection (with sedation if necessary) is not medically necessary or appropriate.

Oxycontin 80 mg, 180 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Progress reports indicate that patient had been on very high doses of medications, and since the medications have been decreased and injections denied, the patient has cut back significantly on activities. Patient used to take 8 tablets a day, and was decreased to 80mg 3 tablets twice a day in August 2013. Side effects from pain medications include nausea, vomiting, constipation, itching, mental cloudiness, sweating, fatigue, and drowsiness, among others. There was improvement of pain symptoms and examination findings with the recent transforaminal epidural steroid injection. The current opioid medication regimen still exceeds dosing recommendation of 120 MED daily, and continued weaning is recommended, especially as there has been pain relief afforded by the epidural steroid injection. Also, there were also no periodic urine drug screens to monitor medication use. Therefore, the request for Oxycontin 80 mg, 180 count, was not medically necessary.

Oxycodone ER 15 mg, 150 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Progress reports indicate that patient had been on very high doses of medications, and since the medications have been decreased and injections denied, the patient has cut back significantly on activities. Patient used to take 8 tablets a day, and was decreased to 80mg three tablets twice a day in August 2013. Side effects from pain medications include nausea, vomiting, constipation, itching, mental cloudiness, sweating, fatigue, and drowsiness, among others. There was improvement of pain symptoms and examination findings with the recent transforaminal epidural steroid injection. The current opioid medication regimen still exceeds dosing recommendation of 120 MED daily, and continued weaning is recommended, especially as there has been pain relief afforded by the epidural steroid injection. Also, there were also no periodic urine drug screens to monitor medication use. Therefore, the request for Oxycodone ER 15 mg, 150 count, is not medically necessary or appropriate.

Unknown sessions of physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is stressed. The current request does not specify the number of sessions or the body part to which these sessions are directed. The requesting physician notes that the patient has failed physical therapy in the past, and that another course of physical therapy will most likely not be successful. Therefore, the request for an unknown sessions of physical therapy is not medically necessary or appropriate.

A Three month trial use of a hospital bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar & Thoracic (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Mattress selection and Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Hospital Beds and Accessories.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, it is not recommended to use firmness as a sole criteria for mattress selection. In addition, Aetna considers hospital beds and accessories medically necessary durable medical equipment for patients who meet any of the following: if the patient's condition requires positioning of the body in ways not feasible in an ordinary bed; if the patient's condition requires special attachments; and if the patient requires the head of the bed elevated > 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration. Variable height feature is necessary for patients with any of the following: severe arthritis and injuries to the lower extremities, severe cardiac conditions precluding the patient from straining to get up and down the bed; spinal cord injuries, limb amputees, and stroke; and other severely debilitating conditions. In this case, the patient notes very poor sleep quality with inability to lie horizontally in bed. The patient sleeps on the couch with the pillows propped up. However, there is no documentation regarding the patient's sleep quality post-transforaminal epidural steroid injection. Additional information regarding the patient's sleeping position is necessary to support this request. Therefore, the request for a three month trial use of a hospital bed is not medically necessary or appropriate.