

Case Number:	CM14-0108767		
Date Assigned:	08/01/2014	Date of Injury:	03/27/2014
Decision Date:	09/23/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine and Rehabilitation, 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 injured worker is a 31-year-old male who reported an injury on 03/27/2014 due to bending down and picking up some brush off of the ground. He felt a thump in his back. Diagnoses were lumbar disc displacement without myelopathy, spondylosis lumbosacral, stenosis spinal lumbar, sprains and strains of neck, and sprain/strain thoracic region. Past treatments were physical therapy. Diagnostic studies included an MRI of the lumbar spine. The MRI revealed findings of a low signal intensity of the vertebral bodies with additional workup recommended. Surgical history was not reported. The physical examination on 05/30/2014 revealed no notable improvement in the injured worker. The injured worker was requesting an additional prescription refill for Norco 10/325 mg. Examination revealed bending at the waist was to 30 degrees with pain. Deep tendon reflexes were symmetric at the patella and Achilles tendons. Sensation was intact to light touch. Straight leg raise testing was negative seated. The injured worker was awaiting an appointment with a spinal surgeon. Medications were baclofen, etodolac and Norco. The treatment plan was to continue medications as directed. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforminal LESI at L4-L5 Lumbar epidurogram contrast dye IV sedation Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Epidural steroid injection with epidurogram.

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

Decision rationale: The request for Transforaminal LESI at L4-L5 Lumbar epidurogram contrast dye IV sedation Fluoroscopic Guidance is non-certified. The California Medical Treatment Utilization Schedule states that epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 epidural steroid injections. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long term functional benefit. The criteria for the use of epidural steroid injections are: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. They should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The medical guidelines recommend no more than 2 epidural steroid injections. The injured worker's objective physical findings were that sensation was intact to light touch and straight leg raise testing was negative seated. Deep tendon reflexes were symmetric at the patella and Achilles tendons. These findings do not corroborate with the MRI for the diagnosis of radiculopathy.

Baclofen 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The request for Baclofen 10mg is non-certified. The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain, and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time, and there is a lack of documentation of

objective improvement. Therefore, the continued use of this medication would not be supported. The request is non-certified.

Hydrocodone/Apap 10/325 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Hydrocodone/Acetaminophen Page(s): 78, 91.

Decision rationale: The request for Hydrocodone/Apap 10/325 #90 is non-certified. The California Medical Treatment Utilization Schedule recommends that there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommends that dosing of opioids not exceed 120 mg of oral morphine equivalence per day, and for patients taking more than 1 opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Documentation of the 4 A's was not reported. Functional improvement was not reported. The request does not indicate a frequency for the medication. Therefore, the request is non-certified.

Naproxen sodium 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-288.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The request for Naproxen sodium 550mg #90 is non-certified. The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDs are recommended for short-term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. There were no reports of objective functional improvements. There were no reports of objective decrease in pain. Also, the request does not indicate a frequency for the medication. Therefore, the request is non-certified.