

Case Number:	CM14-0019802		
Date Assigned:	04/28/2014	Date of Injury:	09/15/1999
Decision Date:	07/08/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/18/2014

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 [REDACTED] employee who has filed a claim for lumbar radiculopathy, chronic pain, left knee pain, and depression associated with an industrial injury date of September 15, 1999. Thus far, the patient has been treated with lumbar epidural steroid injection in July 11, 2013, B12 injection, Toradol injection, Synvisc injection to the knee vitamin D, Wellbutrin, Gabapentin, muscle relaxants, aspirin, glucosamine chondroitin, topical compounds, Nuvigil, sleep enhancing supplements, pool therapy, physical therapy, and opioids. Of note, patient is status post left knee arthroscopy, bilateral carpal tunnel release, right trigger finger release, and lap band. Review of progress notes indicates low back pain radiating to bilateral lower extremities to the level of the foot with associated weakness, numbness, and tingling. There is also neck pain radiating to bilateral upper extremities. Findings include limited lumbar range of motion secondary to pain, tenderness of the lumbar region, decreased sensation along the right L4 and L5 distribution below the knee, decreased motor strength of both lower extremities, and positive straight leg raise tests for bilateral lower extremities. Patient also has bilateral knee pain with significantly limited range of motion and medial and lateral joint line tenderness. Lumbar MRI dated January 13, 2011 showed disk protrusion with narrowing of the left neural foramen at L3-4 and anterolisthesis with bilateral neural foramina at L4-5. There is mild to moderate central stenosis, hypertrophic changes of facet joints, and hypertrophy of ligamentum flavum at L3-4 and L4-5. Utilization review dated January 22, 2014 indicates that the claims administrator denied the requests for vitamin D as there is no documentation of any deficiency; retrospective B12 injection as it is not supported for any chronic pain condition; retrospective Toradol injection as its use is not supported for chronic pain; and bilateral lumbar epidural steroid injection under fluoroscopy to L3 to 5, as despite a 50 to 80% benefit from previous injection, there was no decrease in opiates provided monthly.

IMR ISSUES, DECISIONS AND RATIONALES

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

VITAMIN D: 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- Work Loss Data Institute, Pain Section (Updated 3/3/11) Vitamin D.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Vitamin D (Cholecalciferol).

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, Official Disability Guidelines, Pain Chapter was used instead. According to ODG, vitamin D is recommended in chronic pain patients and supplementation if necessary. Inadequate vitamin D may be associated with chronic pain and fibromyalgia type symptoms. It is a safe well-tolerated approach to improve muscle strength and function. Patient has been on Vitamin D supplementation since at least January 2012. Medical records cited that patient has vitamin D deficiency, but there are no lab reports since 2012 documenting vitamin D deficiency. It is unclear whether this patient still needs vitamin D supplementation at this point. Also, the requested dosage and quantity is not specified. Therefore, the request for vitamin D is not medically necessary per the guideline recommendations of ODG.

RETROSPECTIVE B12 INJECTION: 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 -Treatment Index 7th Edition (Web) 2012 , Vitamin B12.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Vitamin B.

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, Official Disability Guidelines (ODG) Pain chapter, was used instead. ODG states that vitamin B is not recommended. It is frequently used for treating peripheral neuropathy but its efficacy is not clear. There was previous B12 injection in October 01, 2013. However, there is no documentation of benefit derived from this injection. In addition there is no evidence to support this therapeutic modality. Therefore, the retrospective request for B12 injection is not medically necessary per the guideline recommendations of ODG.

RETROSPECTIVE TORADOL INJECTION: 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 Official Disability Guidelines (ODG) Pain Chapter, Ketorolac (Toradol).

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, Official Disability Guidelines (ODG) Pain chapter, was used instead. ODG states that Toradol injection is recommended as an option to corticosteroid injections, with up to three injections. When administered intramuscularly, may be used as an alternative to opioid therapy. Patient was given a Toradol injection in October 2013. However, patient still continued opioid therapy with Norco. There is no documentation that this previous injection produced significant benefits in this patient. Also, the requested dosage is not specified. Therefore, the retrospective request for Toradol injection is not medically necessary per the guideline recommendations of ODG.

BILATERAL LUMBAR EPIDURAL STEROID INJECTION UNDER FLUOROSCOPY TO L3-L5: Upheld

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

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

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for epidural injections in the absence of objective radiculopathy. Epidural steroid injection can offer short-term pain relief and should be used in conjunction with other rehab efforts. 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. There was 50 to 80% overall improvement after lumbar epidural steroid injection at bilateral L3 to L5 on July 11, 2013. Patient reports significant functional improvement, improved mobility, improved sleep, and decrease in pain medication requirements. Decrease in right leg pain lasted for 4 months. However, documentation did not show a decrease in use of opioid medications or concurrent rehab efforts such as an exercise program. Therefore, the request for bilateral lumbar epidural steroid injection under fluoroscopy at L3-5 is not medically necessary per the guideline recommendations of CA MTUS.