

Case Number:	CM14-0122011		
Date Assigned:	09/29/2014	Date of Injury:	03/27/2014
Decision Date:	11/05/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/01/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 32-year-old-male with a 3/27/14 date of injury, when he was picking up some brush and felt popping sensation in his back. Reported 4/25/14 lumbar MRI revealed disc protrusion at L3-L4 with mild to moderate central canal narrowing and narrowing of the central canal at L4-L5 with foraminal stenosis at multiple levels; formal report not available for review. The patient was seen on 8/22/14 with complaints of low back pain radiating up to the thoracic spine and down into the left lower extremity. There was numbness in the left leg and the pain was worse with prolonged sitting and walking. The patient noted that hydrocodone provided significant relief from 8/10 on VAS down to 5-6/10. The patient also reported functional improvement with the medication and he was able to better tolerate his ADLs. Without the medication the patient would be lying down for the majority of the day and the patient wouldn't be able to get his errands done. The physical examination revealed antalgic gait, normal muscle tone in the bilateral lower extremities. The note stated that the patient had positive straight leg raise test on the left and weakness in the left EHL. The DTR in the patellar and Achilles region was decreased. The diagnosis is Treatment to date: physical therapy, work restrictions and medications. EMG of the bilateral lower extremities dated 8/5/14 was inconclusive; the patient was unable to tolerate the test and there was no comment regarding radiculopathy. An adverse determination was received on 7/30/14 for lack of clinical radiculopathy; lack of muscle spasm or neuropathic pain; and lack of objective functional improvement and adherence monitoring procedures for opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transforaminal epidural steroid injection at L4-L5 with lumbar epidurogram, contrast dye, IV sedation, fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Manchikanti, 2003; Boswell, 2007; CMS, 2004

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

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. The patient presents with clinical L5 radiculopathy on the left. However, there is no evidence of clinical radiculopathy on the right. In addition, the formal MRI report was not made available, and it is unclear whether foraminal stenosis is present at the proposed injection level. Therefore, the request for 1 Transforaminal epidural steroid injection at L4-L5 with lumbar epidurogram, contrast dye, IV sedation, and fluoroscopic guidance was not medically necessary.

1 prescription for Baclofen 10 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen. Decision based on Non-MTUS Citation See, 2008; ICSI, 2007

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In addition muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, there remains no evidence of functional gains with previous use. In addition, Baclofen use should be limited to a short-term course, which the patient has already exceeded. Therefore, the request for Baclofen 10 mg was not medically necessary.

1 prescription for Hydrocodone/Acetaminophen 10/325 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Martell-Annals, 2007; Chou, 2007; Washington, 2002

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The progress note dated 8/22/14 indicated that the patient noted that Hydrocodone provided significant relief from 8/10 on VAS down to 5-6/10. The patient also reported functional improvement with the medication and he was able to better tolerate his ADLs. Without the medication the patient would be lying down for the majority of the day and the patient wouldn't be able to get his errands done. The patient is compliant, an opioid contract is on file, and the patient is monitored closely. Therefore, the request for Hydrocodone/Acetaminophen 10/325 mg #30 was medically necessary.