

Case Number:	CM14-0150905		
Date Assigned:	09/19/2014	Date of Injury:	03/09/2013
Decision Date:	10/17/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/16/2014

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 65-year-old male with a 3/9/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 8/21/14 noted subjective complaints of neck and low back pain. Objective findings included 4/5 strength left shoulder abductors, elbow flexors and extensors, as well as the left big toe extensors, knee and hip extensors. It is noted that the patient has failed conservative treatment. Current medications are noted to be Norco 10/325 mg. It notes that a urine test from 7/24/14 is consistent with medication being prescribed. MRI of the cervical spine 7/14/14 showed C6-7 4 mm disc bulge causing minimal decrease in the AP sagittal diameter of the cervical canal. Neural foramina are patent. MRI of the lumbar spine 7/16/14 showed mild left exiting neural foraminal compromise at L4-S1. Diagnostic Impression: cervical disc disease, cervical radiculopathy, lumbar disc disease, lumbar radiculopathy. Treatment to Date: medication management, physical therapy, chiropractic. A UR decision dated 8/8/14 denied the request for left L4-S1 transforaminal epidural steroid injection. The request for both the lumbar and cervical regions is a contraindication. It also denied urine toxicology screening. The most recent note indicates the discontinuation of the use of opioid therapy. It also denied follow-up visit. Given the non-certification of the requested epidural steroid injections, the follow up appointment is rendered non-certified. It also denied left C6-7 trans-facet ESI. The use of epidural steroid injection in both the lumbar and cervical region is contraindicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-S1 transforaminal epidural steroid injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.
Decision based on Non-MTUS Citation AMA Guides (radiculopathy)

Decision rationale: California MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, California 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 has objective evidence of L4-S1 radiculopathy by both physical exam as well as MRI evidence of left sided neural foraminal compromise. There is documentation that the patient has failed conservative measures. Guideline criteria have been met. Therefore, the request for left L4-S1 transforaminal epidural steroid injection was medically necessary.

Urine toxicology screening: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Page(s): 43, 78.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. However, it was noted in 8/21/14 progress report that the patient had a urine test consistent with current medications on 7/24/14. There is no mention of concern for abuse or aberrant behavior that would substantiate the need for more frequent screenings than the guideline recommended 2-4 times/year. Therefore, the request for urine toxicology screening was not medically necessary.

Follow-up visit: Overturned

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 office visits

Decision rationale: California MTUS does not specifically address the issue. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. The patient has current, active pain conditions which substantiate the need for periodic follow up visits. Therefore, the request for follow-up visit was medically necessary.

Left C6-7 trans facet ESI: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections. Decision based on Non-MTUS Citation AMA guides (radiculopathy)

Decision rationale: California MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, the MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. There are some physical exam findings consistent with possible radiculopathy. However, there is an absence of corroborating findings on MRI to support the diagnosis. Therefore, the request for left C6-7 transforaminal ESI was not medically necessary.