

Case Number:	CM14-0156070		
Date Assigned:	09/25/2014	Date of Injury:	05/23/2013
Decision Date:	11/14/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/23/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 60-year-old female with a date of injury of 05/23/2013. The listed diagnoses per [REDACTED] are: 1. Close fracture of lumbar vertebral without spinal cord injury. 2. Lumbosacral spondylosis without myelopathy. 3. Disorder of sacrum. Treatment reports from 12/5/13-6/18/14 were reviewed. According to the most recent progress report 06/18/2014, the patient presents with right shoulder issues. The patient had a staph infection and had two rounds of Bactrim for a total of 12 days. The patient also continues to complain of low back pain and left buttock pain which is noted as "dull and achy." Medication regimen includes cyclobenzaprine, Norco, naproxen, and Prilosec 20 mg. Examination of the left pelvis hip, left shoulder, and right pelvis hip were noted to be all within normal range. Utilization review discusses a progress report by [REDACTED] from 08/25/2014 which was not provided in the medical file. Utilization review re-accounts this report stating that the patient has continued axial lumbar pain and left-sided pain in the SI joint. The patient also noted right hand tingling in all digits. Examination of the lumbar spine revealed tenderness to palpation at the left sacroiliac sulcus and center axial midline. The request is for an epidural steroid injection to the left L4 to L5 and L5 to S1 and Ondansetron 4 mg. Utilization review denied the request on 09/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection Left L4-L5 Quantity 1: 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 (ESIs) Page(s): 46-47.

Decision rationale: This patient presents with shoulder and low back pain. The treater is requesting an epidural steroid injection to the left L4 to L5. The medical file does not discuss whether the patient has had an ESI in the past. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 48, "Recommended as an option for treatment of radicular pain defined as pain in the dermatomal distribution with corroborated findings of radiculopathy." In this case, the patient reports low back but no leg pain is described. There are no MRIs to describe significant herniation or protrusion either. For consideration of an ESI, MTUS requires documentation of dermatomal distribution of pain/paresthesia. The request is not medically necessary.

Epidural Steroid Injection Left L5-S1 Quantity 1: 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 (ESIs) Page(s): 46-47.

Decision rationale: This patient presents with shoulder and low back pain. The treater is requesting an epidural steroid injection to the left L5 to S1. The medical file does not discuss whether the patient has had an ESI in the past. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 48, "Recommended as an option for treatment of radicular pain defined as pain in the dermatomal distribution with corroborated findings of radiculopathy." In this case, the patient reports low back but no leg pain is described. There are no MRIs to describe significant herniation or protrusion either. For consideration of an ESI, MTUS requires documentation of dermatomal distribution of pain/paresthesia. The request is not medically necessary.

Ondansetron HCL 4mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Chronic)chapter On Antiemetics for opioid nausea, ODG guidelines: Pain (Chronic)chapter on Zofran (Ondansetron)

Decision rationale: This patient presents with shoulder and low back pain. The treater is requesting ondansetron HCL 4 mg. The medical file provided for review does not provide a

rationale for this request. Utilization review denied the request stating "There is no description of any GI symptoms that would require treatment with ondansetron." The MTUS and ACOEM Guidelines do not discuss Zofran; however, ODG Guidelines has the following regarding antiemetic, "Not recommended for nausea and vomiting secondary to chronic opiate use. Recommended for acute use as noted below for FDA-approved indications. Ondansetron (Zofran), this drug is a serotonin 5-HT₃ receptor antagonist. It is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use." In this case, the ODG Guidelines do not support the use of Ondansetron other than for postoperative use. Given the patient has not undergone recent surgery, recommendation is for denial.