

Case Number:	CM14-0174889		
Date Assigned:	10/28/2014	Date of Injury:	04/08/2012
Decision Date:	12/04/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/22/2014

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 47-year-old male with a date of injury of 04/08/2014. The listed diagnosis per [REDACTED] is low back pain. According to progress report 08/28/2014, the patient complains of low back pain that radiates down the right leg. Examination revealed range of motion flexion 35 degrees, extension 10 degrees with pain in both directions. Treater notes that there is tenderness in the right PSIS. Under treatment/plan, it is noted that an LESI is being requested per [REDACTED] in his 09/08/2014 report. The 9/8/14 report was not provided for my review. There is a progress report from 08/13/2014 by [REDACTED] that states that a lumbar epidural steroid injection was requested and subsequently approved. [REDACTED] report from 06/10/2014 indicates that the patient has posttraumatic right inflammatory trigger points and mechanical low back pain with diskogenic components with the L5-S1 disk protrusion and annular disk injury. This is a request for Elavil 25mg, a referral to spine surgeon and second transforaminal epidural steroid injection on the right at L5-S1. Utilization review denied the request on 10/3/14. Treatment reports from 6/10/14 through 10/9/14 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to spine surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: This patient complains of low back pain that radiates down the right leg. The treater is request a referral to a spine surgeon. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The treating physician indicates a referral for orthopedic consultation is needed but the reason for referral is not specifically addressed. Examination seems fairly unremarkable but the treater discusses disc protrusion with annular tear. The patient has had ESI. Given the complexity of the chronic pain, and the fact that the reports do not show spinal surgical evaluation, the request appears medically reasonable. The request is medically necessary.

Second lumbar transforaminal epidural steroid injection on the right at L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: This patient complains of low back pain that radiates down the right leg. The treater is requesting a second lumbar epidural injection to the right L5-S1. MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," and "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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." In this case, the treater indicates that the patient has had an ESI in the past but does not discuss how the patient responded. MTUS require documentation of pain and functional improvement for repeat injections. In addition, MRI findings are not discussed to corroborate any radiculopathy. The request is not medically necessary.

Elavil 25 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants in Chronic pain Page(s): 13.

Decision rationale: This patient complains of low back pain that radiates down the right leg. The treater is requesting Elavil 25 mg. MTUS page 13 Anti-depressants in Chronic pain states this medication is recommended and as a tricyclic antidepressant is generally considered a first-line agent for neuropathic pain and as possibility for non neuropathic pain. MTUS page 13 also states, "Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment." The treater does not discuss the use and efficacy of this medication. In this case, the patient presents with neuropathic pain, but the reports do not discuss functional changes with medication, and sleep quality or psychological assessment are not provided. The request is not medically necessary.