

Case Number:	CM14-0028612		
Date Assigned:	07/21/2014	Date of Injury:	09/30/2013
Decision Date:	09/10/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/06/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 30, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy and acupuncture; and a TENS unit. In a Utilization Review Report dated February 10, 2014, the claims administrator denied a request for an epidural steroid injection, denied facet blocks, denied a psychological evaluation, denied an internal medicine clearance, partially certified Tramadol, denied a cold therapy unit, denied a home traction unit, denied a lumbar support, approved a urine drug screen, denied hemoglobin A1c lab test, and conditionally denied a lumbar exercise kit. The applicant's attorney subsequently appealed. In a July 10, 2014 progress note, the applicant was described as having ongoing complaints of back pain. The applicant was using Medrol, Tizanidine, and Tramadol as of that point in time. The applicant also had ancillary complaints of neck pain and myofascial pain. The applicant's BMI is 33. The applicant was placed off of work, on total temporary disability. Little or no narrative commentary was furnished. On May 27, 2014, the applicant presented with multifocal shoulder, neck, and lower back pain with derivative complaints of sexual dysfunction, headaches, anxiety, and depression. It was stated that the applicant had already undergone his second diagnostic epidural steroid injection on March 25, 2014. Only temporary, transient improvements in pain were noted. The applicant's work status was not furnished on this occasion. Lumbar MRI imaging of November 11, 2013 was notable for multilevel disk bulges and degenerative changes of uncertain clinical significance, with an L5-S1 disk protrusion effacing the left L5 nerve root. On January 20, 2014, the attending provider sought authorization for cold unit, lumbar exercise kit, home traction device, and lumbar support. Lumbar support was being furnished for prophylactic purposes, it was stated. Tramadol was endorsed. It was stated that the applicant was not working and had

last worked in October 2013. 6-7/10 low back pain was reported. The applicant was using Flexeril, Naprosyn, Omeprazole, and Enalapril as of that point in time, it was stated. The attending provider asked the applicant to cease Naprosyn as it was reportedly worsening his hypertension. On March 20, 2014, the attending provider sought authorization for a second diagnostic epidural injection, and a lumbar facet block along with an internal medicine consultation prior to the procedure. A psychological evaluation was also suggested prior to the proposed procedure. On October 18, 2013, the applicant was given prescriptions for Naprosyn and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Lumbar Epidural steroid injection at L4-5 and L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS page 46, Epidural Steroid Injections topic Page(s): 46.

Decision rationale: Based on the submitted documentation, this appears to represent a request for a second epidural steroid injection. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic facet blocks, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies the recommendation by noting that a second block is not recommended if there is an inadequate response to the first block. In this case, the applicant did, in fact, fail to respond favorably to the first block. The applicant has failed to return to work. The applicant remained highly reliant and highly dependent on various medications, including prednisone, Relafen, Flexeril, Ultram, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite completion of at least one earlier epidural injection. Furthermore, the fact that both epidural steroid injections and facet blocks are being sought concurrently suggested a lack of diagnostic clarity and implied that the applicant did not have a bona fide diagnosis of lumbar radiculopathy for which epidural steroid injections, either diagnostic or therapeutic, were indicated. Therefore, the request was not medically necessary.

One Lumbar Facet joint block at L3-4, L4-5 and L5-S1 bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections are "not recommended." In this case, there is, furthermore, considerable lack of diagnostic clarity. The attending provider has given the applicant a

diagnosis of both radicular pain and facetogenic pain. These are, generally speaking, mutually exclusive. The fact that epidural steroid injections and facet blocks were sought concurrently also implies a considerable lack of diagnostic clarity. Therefore, the request was not medically necessary.

One Psychological Evaluation for facet block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 100, Psychological Evaluations topic. Page(s): 100.

Decision rationale: While page 100 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse psychological evaluations in the chronic pain context present here, in this case, however, the facet injection in question was deemed not medically necessary. Since the primary request is deemed not medically necessary, the derivative request for a psychological evaluation is likewise not medically necessary.

One Internal Medicine Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that referrals may be appropriate if a practitioner is uncomfortable with a certain line of inquiry, in this case, however, the facet injection and epidural injection in question were deemed not medically necessary. Therefore, the derivative request for a precursor internal medicine evaluation was/is likewise not medically necessary.

One Prescription for Ultram 50 mg Quantity 120 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 80, When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The attending provider has not outlined any clear, tangible, and/or concrete improvements in function or

reductions in pain achieved as a result of ongoing Ultram usage. Therefore, the request is not medically necessary.

One Cold therapy unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: While the MTUS Guideline ACOEM Chapter 12, Table 12-5, page 299 does recommend at-home local applications of heat and cold as methods of symptom control for low back pain complaints, there is, conversely, no support in ACOEM for the more elaborate cold therapy unit being proposed by the attending provider. No rationale for provision of the cold therapy unit in the face of the unfavorable ACOEM position on the same was proffered by the attending provider. Therefore, the request is not medically necessary.

One home Lumbar traction unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 308, traction is deemed "not recommended." As with the cold therapy unit, no rationale for selection of traction was provided so as to offset the unfavorable MTUS position on the same. Therefore, the request is not medically necessary.

One Lumbar LSO: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: The attending provider indicated in the progress note that the lumbar support was being employed for prophylactic use purposes. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 298, there is no evidence to support the effectiveness of lumbar supports in preventing back pain. No rationale for provision of the lumbar support in the face of the unfavorable ACOEM position on the same was furnished by the attending provider. Therefore, the request is not medically necessary.

One blood test for Hemoglobin A1C and blood Glucose: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

Decision rationale: It appears that the attending provider intended this request as a precursor for pursuit of the epidural steroid injection also in question. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 180, applicants with comorbid conditions such as diabetes may be poor candidates for surgery. In this case, however, since the epidural injection in question has been deemed not medically necessary, the derivative or companion request for testing of blood glucose is, consequently, not indicated. It is noted that the attending provider failed to outline precisely why diabetes is suspected as a diagnostic consideration here. Therefore, the request is not medically necessary.

One Lumbar Exercise kit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which is to adhere to and maintain exercise regimens. The exercise kit being sought by the attending provider, thus, is, per ACOEM, an article of applicant responsibility as opposed to an article of payer responsibility. Therefore, the request is not medically necessary.