

Case Number:	CM14-0030405		
Date Assigned:	06/20/2014	Date of Injury:	12/12/1990
Decision Date:	08/04/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/10/2014

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 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:

According to the records made available for review, this is a 75-year-old female with a 12/12/90 date of injury. At the time (1/20/14) of request for authorization for lumbar epidural steroid injection L2-3, L3-4, L4-5, L5-S1; Ultram (no mg or qty noted); and Zanaflex (no mg or qty noted), there is documentation of subjective (low back pain radiating down the left leg and left leg pain) and objective (4/5 muscle strength with hip flexion, knee flexion/extension, ankle dorsiflexion, big toe extension, and ankle plantar flexion) findings, imaging findings (MRI lumbar spine (11/8/13) report revealed central canal narrowing that is moderate at L2-3, and moderate to severe at L3-4 and L4-5; and neural foraminal narrowing that is mild to moderate at L5-S1), current diagnoses (status post right sided decompression and lumbar stenosis), and treatment to date (medications (including Zanaflex since at least 2/7/13 and Ultram since at least 7/3/13)). Medical report identifies that the patient has not had any type of conservative management and includes a concurrent request for physical therapy. Regarding lumbar epidural steroid injection L2-3, L3-4, L4-5, L5-S1, there is no documentation of failure of additional conservative treatment and that no more than two nerve root levels are to be injected one session. Regarding Ultram, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; that Ultram is used as a second line treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ultram use to date. Regarding Zanaflex, there is no documentation of spasticity; Zanaflex used as a second line option for short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Zanaflex use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L2-3, L3-4, L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs).

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session; as criteria necessary to support the medical necessity of lumbar transforaminal epidural steroid injection using fluoroscopy. Within the medical information available for review, there is documentation of diagnoses of status post right sided decompression and lumbar stenosis. In addition, there is documentation of subjective (pain) and objective (motor changes) radicular findings in each of the requested nerve root distributions, imaging (MRI) findings (moderate or greater central canal stenosis and neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (medications). However, given documentation of a plan identifying that the patient has not had any type of conservative management and a concurrent request for physical therapy, there is no documentation of failure of additional conservative treatment (activity modification and physical modalities). In addition, given documentation of the requested lumbar epidural steroid injection L2-3, L3-4, L4-5, L5-S1, there is no documentation that no more than two nerve root levels are to be injected one session. Therefore, based on guidelines and a review of the evidence, the request for lumbar epidural steroid injection L2-3, L3-4, L4-5, L5-S1 is not medically necessary.

Ultram (no mg or qty noted): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Ultram. Furthermore, MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post right sided decompression and lumbar stenosis. In addition, there is documentation of ongoing treatment with Ultram. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation that Ultram is used as a second line treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ultram use to date. Lastly, there is no documentation of the dosage and quantity requested. Therefore, based on guidelines and a review of the evidence, the request for Ultram (no mg or qty noted) is not medically necessary.

Zanaflex (no mg or qty noted): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs (Tizanidine (Zanaflex)) Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Zanaflex. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of status post right sided decompression and lumbar stenosis. However, there is no documentation of spasticity. In addition, given

documentation of ongoing treatment with Zanaflex since at least 2/7/13, there is no documentation of Zanaflex used as a second line option for short-term (less than two weeks) treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Zanaflex use to date. Lastly, there is no documentation of the dosage and quantity requested. Therefore, based on guidelines and a review of the evidence, the request for Zanaflex (no mg or qty noted) is not medically necessary.