MAXIMUS Federal Services

Case Number:	CM14-0031623		
Date Assigned:	07/18/2014	Date of Injury:	01/22/2000
Decision Date:	12/04/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/12/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 57-year-old male who reported an injury on 01/22/2000 due to a fall from a ladder as he changed a light bulb light bulb, injuring his left knee and lower back that radiated to the left hip. The injured worker complained of lower back pain with radicular left pain that radiated to the hip and post lateral thigh. The diagnoses included post laminectomy syndrome, lumbar disc disease, lumbar radiculitis, and lumbar stenosis. The diagnostics included an MRI dated 09/22/2008 that revealed an L3-4 degenerative disc disease with bulge measuring 2 to 3 mm causing mild moderate central canal stenosis. The L5-S1 revealed moderate severe degenerative disc disease with annular disc bulging. The CT of the lumbar spine dated 09/24/2012 revealed left sided foraminal narrowing at the L4-5, with possible nerve root impingement. Prior surgeries include: a back fusion dated 2005; an exploration of fusion with pedicle screw instrumentation at the L4-5 and L5-S1; repeated bilateral foraminotomy for nerve root compression at the L3-4, with complete discectomy and posterior interbody fusion, with implantation of a fusion case combined with pedicle screw at the L3-4, microsurgical technique dated 03/28/2011. Prior treatments included an epidural steroid injection dated 2010, medication, physical therapy, TENS unit, hardware blocks, and gym membership. Medications included Prilosec 20 mg, Anaprox 550 mg, Norflex 100 mg, Cymbalta 60 mg, gabapentin 600 mg, and Norco 10/325 mg. The objective findings dated 01/30/2014 revealed a well groomed and well-nourished injured worker with slow gait secondary to a limp with the left leg using a walking cane. The range of motion to the lumbar spine with flexion at 30 degrees and extension at 15 degrees. A positive straight leg raise on the left at 30 degrees with decreased sensation to light touch over the posterior lateral thigh and calf. The treatment plan included an epidural

steroid injection, acupuncture, Norco, Norflex, and Prilosec. The Request for Authorization dated 02/05/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (LESI) L1-2: Upheld

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

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

Decision rationale: The request for Lumbar Epidural Steroid Injection (LESI) L1-2 is not medically necessary. The California MTUS guidelines note epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The guidelines note 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. The Official Disability Guidelines recommend sacroiliac joint injections for patients with a history and physical which demonstrate a diagnosis of sacroiliac joint dysfunction, including at least 3 positive provocative tests upon physical examination. There should be evidence that the patient has completed and failed at least 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management. Blocks should be performed under fluoroscopy. Clinical notes did not provide documentation of evidence of radicular findings. Additionally, the documentation did not provide evidence of failed conservative care. Epidural steroid injection should be performed under fluoroscopy. As such, the request is not medically necessary.

Acupuncture 1 times 8 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACEOM Chapter 6, Pain, Suffering, and the Restoration of Function p.114

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture 1x8 for the low back is not medically necessary. The California MTUS indicates that acupuncture is used as an option when pain medication is reduced or not tolerated, it must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: Time to produce functional improvement: 3 to 6 treatments. With a frequency of 1 to 3 times per week

and an optimum duration of 1 to 2 months. The clinical notes were not evident that the injured worker was in any physical rehabilitation and/or had a surgical intervention to hasten the functional recovery. As such, the request is not medically necessary.

Norco 10-325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80,81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NorcoOngoing Management Page(s): 75, 78.

Decision rationale: The request for Norco 10-325 mg #120 is not medically necessary. The California MTUS Guidelines recommend opioids for chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, pain assessment of current pain, least reported pain from the prior assessment, average pain, and intensity of pain, how long the pain lasts and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalent per day. The clinical notes did not address the objective functional improvement or evidence that the injured worker had been monitored for aberrant drug behavior and side effects. The urinalysis dated 10/23/2013 indicated that the injured worker was positive for Prozac and Tramadol. The use of Norco and Tramadol combined increases the risk of CNS and respiratory depression. The guidelines state that the injured worker should be assessed for the 4 A's that includes aberrant drug behavior. Additionally, the clinical notes were not evident of the efficacy of the medication. The request did not indicate the frequency. As such, the request is not medically necessary.

Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants(for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-65.

Decision rationale: The request for Norflex 100 mg #60 is not medically necessary. The California MTUS indicate that Norflex is a drug that is similar to diphenhydramine, but has a greater anticholinergic effect. The mode of action is not clearly understood. Muscle relaxants are used to decrease muscle spasms in conditions such as lower back pain, although it appears these medications are often used for the treatment of musculoskeletal conditions, whether spasm is present or not. The mechanism of most of these agents is not known. The clinical notes did not indicate that the injured worker was having spasms. Additionally the request did not address the frequency of the medication. As such, the request is not medically necessary.

Prilosec 20 mg 1 bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The request for Prilosec 20 mg 1 bid #60 is not medically necessary. The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk of gastrointestinal events. The provider did not indicate that the injured worker had a diagnosis of a peptic ulcer, GI bleed or perforation. As such, the request is not medically necessary.