MAXIMUS Federal Services

Case Number:	CM14-0033490		
Date Assigned:	06/20/2014	Date of Injury:	09/08/2011
Decision Date:	08/18/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/17/2014

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 Medicine and is licensed to practice in Florida. 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 52-year-old male who reported an injury on 09/18/2011. The mechanism of injury is unknown. The injured worker has a history of low back and leg pain. Upon examination on 05/09/2014, the injured worker complained of low back pain and left leg symptoms that he rated at a 10/10. The injured worker had increased left leg symptoms, which included increase in numbness, tingling, and burning to his foot. He was frustrated with the limitations in his function. The injured worker had an epidural injection performed on the lumbar spine on 01/21/2014, which helped decrease the leg symptoms about 50% for about 3 weeks. The injured worker had 1 session of acupuncture, which helped significantly. The range of motion of the lumbar spine was limited in all planes. There was decreased sensation in his L4, L5, and S1 dermatomes bilaterally. He also had decreased reflexes bilaterally in the lower extremities. There was a positive bilateral straight leg raise with pain to the toes. The injured worker had a diagnosis of pseudarthrosis at C5-6, adjacent segment disease of the cervical spine, status post cervical fusion C4 through C6, status post lumbar fusion L1 through L5 in 1980, adjacent segment disease at L5-S1, cervical and lumbar radiculopathy, thoracic spine degenerative disc disease, thoracic spine radiculopathy, severe disc space narrowing at L1-2, and L5-S1, decreased lumbar lordosis, and status post bone stimulator removal procedure 09/26/2013. X-rays or images included a CT scan of the lumbar spine and an electrodiagnostic consult that revealed evidence of bilateral L4, L5, and S1 radiculopathy; as well as an MRI of the lumbar spine and an X-ray of the lumbar spine. Medications were not discussed at this time. Prior treatments include injections, acupuncture, and medications. The treatment plan was to request pain and psychological consult due to the injured worker's pain related anxiety and depression, request for a urology consult to evaluate his persistent sexual dysfunction and to determine if there is industrial sensation and whether treatment or testing is required, a request

for repeated transforaminal epidural steroid injection bilateral L5-S1, and a request for an L1-2 laminectomy. Per the provider, the injured worker has failed conservative care, nonsteroidal anti-inflammatory drugs (NSAIDs), analgesics, and injections, and he had subjective, objective and radiographic evidence of lumbar radiculopathy. The request is for a second caudal epidural steroid injection at L5-S1 quantity: 1, Robaxin 750 mg quantity: 90, and Percocet 10/325 mg quantity: 90. The request for authorization and rationale were not provided within the documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second Caudal Epidural Steroid Injection L5-S1 quantity:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs (epidural steroid injections) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steriod injections (ESIs Page(s): 46.

Decision rationale: The MTUS Guidelines state that repeat epidural steroid injections should be based on continued objective documented pain and functional improvement; including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The injured worker had an epidural steroid injection at L5-S1 on 01/21/2014. He received a 50% reduction of pain. Although the injured worker received additional relief from pain, there is a lack of documentation that the injured worker had improvement in function or decrease in medication. As such, the request is not medically necessary.

Robaxin 750mg quantity :90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63,65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations of patients with chronic low back pain. There is a lack of documentation for the amount of time and effectiveness of the medication. There is no frequency given for the medication requested. As such, the request is not medically necessary.

Percocet 10/325mg quantity :90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

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

Decision rationale: MTUS Guidelines recommend opioids for general conditions of neuropathic pain. Opioids are not recommended for long-term use. There should be documentation of a pain assessment that includes current pain, the least reported pain over the period since last assessment, average pain; intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There is a lack of documentation for such. Additionally, there is no frequency given for the medication requested. As such, the request is not medically necessary.