

Case Number:	CM14-0034372		
Date Assigned:	06/20/2014	Date of Injury:	10/28/2008
Decision Date:	07/25/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/19/2014

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 and is licensed to practice in Texas. 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 45 year old male who was injured on 12/28/2008, when he experienced low back pain at work. He has been on temporary total disability (TTD) status since 3/12/2012. A prior UR determination modified the requests to certify selective nerve root blocks with fluoroscopy at right L3, L4, and L5, non-certify sedation, and allow only Tramadol 50mg. According to the progress report dated 2/20/2014 the patient was seen for follow-up regarding low back pain radiating to the right leg, right leg weakness and numbness. Pain is rated 7-8/10, described as intermittent sharp with constant numbness in the right leg. Physical examination is reported to reveal decreased reflexes in the right knee and ankle, mild weakness in the right leg with mildly weak plantar flexion and weak right gastroc on toe stand. He demonstrates intense pain, paravertebrally, especially at L3-L4, L4-L5, and L5-S1, on the right. The operative report dated 5/06/2014 documented the patient underwent right L3, L4, and L5 selective nerve block under fluoroscopy. The lumbar MRI report is reviewed with a diagnosis of lumbar disk protrusion; advancement of pathology, since last examination; low back pain. Nerve blocks at L3, L4 and L5 recommended and he was prescribed tramadol 50mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg quantity 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids Page(s): 113, 74-96.

Decision rationale: According to the guidelines, Ultram (Tramadol) is recommended as a second-line treatment. Tramadol is indicated for moderate to severe pain. According to the medical records, the patient reports taking Tramadol on an as needed basis, 0 to 2 times per week. It does not appear that this patient requires the amount of Tramadol prescribed, given his infrequent use of this medication. Based on the patient's medication use and recommended selective nerve root block procedure, Tramadol 50mg #20 is an adequate quantity. Therefore, the request is not medically necessary.

Conscious sedation quantity 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Epidural steroid injections (ESIs), therapeutic.

Decision rationale: According to the guidelines the criteria for proceeding with epidural steroid injections includes that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and injections should be performed using fluoroscopy (live x-ray) for guidance. The medical records establish that the patient is a candidate for selective nerve root block blocks of the right, L3, L4 and L5, and as per the guidelines state, procedure should be performed using fluoroscopy for guidance. However, the guidelines do not recommend sedation for the injection procedure. Therefore, the request is not medically necessary.