MAXIMUS Federal Services

Case Number:	CM14-0035753		
Date Assigned:	06/23/2014	Date of Injury:	05/18/2000
Decision Date:	07/18/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/24/2014

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 Minnesota. 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 62-year-old male who reported an injury on 05/18/2000 due to an unspecified mechanism of injury. An electromyogram/nerve conduction velocity (EMG/NCV) study performed on 03/10/2014 revealed sensory motor axonal polyneuropathy that was non industrial in nature, and left chronic L5 and S1 lumbar radiculopathy.(A note dated 04/24/2014 stated that the injured worker underwent low back surgery on 06/15/2012 and 12/31/2012, and epidural steroid injections to the L4-5 and L5-S1 levels on 09/11/2013 and 10/04/2013 which reduced his left lower extremity pain by 60-70 percent. On 05/07/2014, he reported ongoing lower back pain and worsening radicular pain in the left leg to the lateral ankle and foot. He reported that with medications his pain was reduced from a 7/10 to a 4-5/10. A physical examination revealed limited range of motion to the left knee, negative Spurling's maneuver, restricted painful range of motion to the lumbar spine, absent Hoffman's reflex, diminished left ankle reflex, decreased sensation on the lateral leg and dorsum of the foot of the left leg, and positive straight leg raise test on the left. There was tenderness to palpation of the paraspinal region at L4 and the iliolumbar region. His diagnoses included thoracic spondylosis without myelopathy, displacement of the cervical, lumbar, and thoracic intervertebral discs without myelopathy, low back pain, disorder of the back, brachial neuritis, and disorder of the trunk. The current medications consisted of gabapentin 600mg, orphenadrine citrate ER 100mg, and trazodone 50mg. The treatment plan was for a left lumbar L4-5 and L5-S1 epidural steroid injection. The request for authorization form was signed on 05/07/2014. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

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

Decision rationale: The request for a left lumbar L4-5 and L5-S1 epidural steroid injection is not medically necessary. The California MTUS guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The California MTUS guidelines recommend no more than two epidural steroid injections. The injured worker was noted to have had previous epidural steroid injections to the L4-5 and L5-S1 levels on 09/11/2013 and 10/04/2013, which reduced his pain, by 60-70 percent. There is a lack of documentation regarding the duration of pain relief and functional improvements achieved with the previous injections. The request for additional epidural steroid injections is not supported by the guidelines. Given the above, the request is not medically necessary.

AndroGel packets 25mg/2.5g topical 1packet (30 day supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypergonadism (related to opioids) Page(s): 110-111.

Decision rationale: The request for AndroGel packets 25mg/2.5g topical one packet (30-day supply) is not medically necessary. The injured worker was noted to have radiculopathy per an electromyogram/nerve conduction velocity (EMG/NCV) study performed on 03/10/2014. AndroGel is a topical testosterone gel. The California MTUS guidelines state that testosterone replacement is recommended in limited circumstances for those taking high dose long-term opioids with documented low testosterone levels. The injured worker was noted to have seen an urologist; however, there was no documentation provided of low testosterone levels. The documentation is lacking current reports of low testosterone levels needed to warrant the request. As such, the request is not medically necessary.