MAXIMUS Federal Services

Case Number:	CM14-0063842		
Date Assigned:	07/11/2014	Date of Injury:	04/20/2012
Decision Date:	09/12/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/06/2014

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 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 injured worker is a 52 year old male who sustained injuries as a result of a slip and fall on 05/20/12. It is reported that he landed on his buttocks and knees. The injured worker subsequently reported mid back, low back, right elbow and anterior knee pain. The records indicate that the injured worker has undergone an extensive course of conservative treatment which has included 24 sessions of chiropractic, physical therapy, acupuncture, a cervical epidural steroid injection on 02/07/14 with mild improvements. The injured worker is status post right shoulder surgery on 02/18/14 with some improvement noted. The record notes electromyogram/nerve conduction velocity studies of the upper and lower extremities. Specifically, the lower extremity study identified radiculopathy. Imaging studies indicate multilevel degenerative disease in both the cervical and lumbar spines. Physical examinations note sensory loss in the bilateral L5-S1 distributions. There appears to be some documentation of motor strength loss. The record indicates that the injured worker has clearly failed conservative management and has objective evidence of a radiculopathy. The record contains a utilization review determination dated 05/02/14 in which a caudal epidural steroid injection under fluoroscopic guidance to include sacrococcygeal joint, Gabapentin 300 mg, and Tramadol 50 mg #120 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAUDAL EPIDURAL STERIOD INJECTION USING FLUOROSCOPIC GUIDANCE TO INCLUDE SACRO-COCCYGEAL JOINT INJECTION STERIOD.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESI'S).

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

Decision rationale: The request for caudal epidural steroid injection using fluoroscopic guidance to include sacrococcygeal joint injection steroid is recommended as medically necessary. The submitted clinical records indicate that the injured worker sustained injuries to his low back which subsequently resulted in the development of bilateral lower extremity radiculopathy validated by electromyogram/nerve conduction velocity. The records further indicate that the injured worker has failed conservative management to this date and as such meets clinical indications for the performance of this procedure.

GABAPENTIN 300 MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANT EPILEPSY DRUGS (AED'S).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: The request for Gabapentin 300 mg is recommended as medically necessary. The submitted clinical records indicate that the injured worker has both cervical and lumbar radiculopathy for which this medication would be clinically indicated. As such, this medication should be continued to treat the neuropathic pain associated with the injured worker's condition.

TRAMADOL 50MG #120: Upheld

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

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

Decision rationale: The request for tramadol 50 mg #120 is not supported as medically necessary. The available clinical records indicate that the injured worker has been maintained on this medication for an extended period of time. The records fail to provide any substantive documentation which establishes that the use of this medication results in functional improvements. The record does not provide any detailed information which establishes that the injured worker has signed a chronic pain management program and that he regularly undergoes urine drug screening to assess for compliance. As such, the continued use of this medication would not be supported under California Medical Treatment Utilization Schedule chronic pain management guidelines.