

Case Number:	CM14-0066328		
Date Assigned:	07/11/2014	Date of Injury:	01/13/1998
Decision Date:	09/09/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/09/2014

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 Occupational Medicine and is licensed to practice in California. 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:

There were 131 pages provided. The application for independent medical review was signed on May 8, 2014. The consultation with pain management and oxycodone were certified, but the two lumbar epidural steroid injections and the tramadol were not certified. The claimant was described as a 45-year-old male for [REDACTED] who was injured back in the year 1998. He is currently retired. He had a may 2001 lumbar spine surgery, a November 30, 2011 right transforaminal epidural steroid injection, a March 7, 2012 right transforaminal epidural steroid injection, and an August 28, 2013 right lumbar epidural steroid injection and an October 30, 2013 lumbar epidural steroid injection. The objective benefits out of this injection therapy is not known. He has a history of low back pain with radiation to the right and left buttocks with numbness and tingling. The pain is six out of 10. There is reduced lumbar range of motion. There is positive facet loading and positive straight leg raising. He has failed to have relief with physical therapy, analgesic medicine and rest. There were originally multiple trauma injuries. A April 25, 2014 note documents the low back pain with radiation. It is present constantly and is rated six out of 10. There is reduced range of motion of the lumbar spine. There is a normal gait and straight leg raises positive on the right. There are no discrete neurologic deficits. The patient is also on oxycodone. There was a March 15, 2013 note from [REDACTED] notes. This was an agreed medical exam. He continues to have back pain at 3 to 4 out of 10 at best and 78 at worst. He is a correctional officer counselor. Seated straight leg raise was negative bilaterally. An MRI from December 1, 2010 showed a large posterior herniated nucleus pulposus at L1-L2 and a residual herniated nucleus pulposus at L4-L5-S1. The diagnoses were moderate to large disc osteophyte L1-L2, right L5-S1 laminotomy and discectomy done on May 18, 2001 with residual moderate disc protrusion, bilateral L5-S1 radiculopathy, left hip greater trochanteric bursitis, right foot third metatarsal fracture which is healed, and a right foot

Morton's neuroma excision third interspace. He should be allowed orthopedic consultations for exacerbations as well as short courses of physical therapy. The doctor mentions one injection every six months, but did not however specify what kind of injections. He notes the claimant should be allowed to continue chronic pain medicine. There was finally an office visit from June 27, 2014. He still has low back pain. The current medicines are diclofenac, Flexeril, Oxycodone and Tramadol. On neurologic exam, he has normal +2 out of +4 and symmetric patellar and Achilles deep tendon reflexes and at the plantar reflexes were normal. Sensation testing was normal to light touch with the exception of decreased light touch on the lateral calf on the right. He was given a Toradol injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right transforaminal lumbar epidural steroid injection L4-L5 qty: 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

Decision rationale: The MTUS recommends epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. The latest neurologic exam was largely unremarkable, and the modest sensory findings did not correspond to injury disc herniation. Further, the criterion for repeat ESI is at least 6-8 weeks of pain and improvement in function for 6-8 weeks following injection, and the records do not attest that the outcomes from previous epidurals, which were many, meet this criterion for repeat injections. The request appears appropriately not medically necessary based on the above.

Right transforaminal lumbar epidural steroid injection L5-S1 QTY: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

Decision rationale: As shared earlier, the MTUS recommends epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. The latest neurologic exam was largely unremarkable, and the modest sensory findings did not correspond to injury disc herniation. Further, once again,

the criterion for repeat ESI is at least 6-8 weeks of pain and improvement in function for 6-8 weeks following injection, and the records do not attest that the outcomes from previous epidurals, which were many, meet this criterion for repeat injections. The request also appears appropriately not medically necessary based on the above.

Tramadol 50 mg qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12,13 83.

Decision rationale: Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. It is not clear what first line therapies were tried and failed in this claimant's case. Further, the MTUS based on Cochrane studies found only very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use, as it is being used in this claimant's case, is therefore not supported.