MAXIMUS Federal Services

Case Number:	CM14-0095513		
Date Assigned:	07/25/2014	Date of Injury:	06/05/2002
Decision Date:	09/12/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/23/2014

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 and 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 56-year-old male who reported an injury on 06/06/2002. The mechanism of injury involved a fall. A Request for Authorization was submitted on 04/30/2014 for a lumbar epidural steroid injection at 2 separate levels, a lumbar epidurogram, IV sedation, fluoroscopic guidance, lysis of adhesions, a neurology consultation, and a follow-up consultation. The injured worker was evaluated on 04/25/2014. The current diagnoses include lumbar failed back syndrome, left wrist sprain, chronic headaches, and degeneration of the cervical spine. It is noted that the injured worker underwent a 2 level laminectomy and fusion on 09/11/2002. Previous conservative treatment includes epidural steroid injections, physical therapy, and medication management. The injured worker is also status post L4 through S1 lumbar fusion surgery with hardware removal. The injured worker presented with complaints of persistent lower back pain with radiation into the lower extremity as well as neck pain and headaches. The current medication regimen includes Imitrex, Prozac, acyclovir, Gralise, cyclobenzaprine, omeprazole, methadone, and tramadol. Physical examination revealed a normal spinal curvature, a well healed surgical scar over the lower lumbar spine, limited range of motion of the lumbar spine, a significant increase in muscle tone in the lumbar paraspinous muscles, sensory deficit at L4 through S1 bilaterally, and normal motor examination of the lower extremities. Treatment recommendations at that time included continuation of the current medication regimen as well as an epidural steroid injection with lysis of epidural adhesions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar EPI Steroid Injection L4-5: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing. There was no evidence of radiculopathy upon physical examination. There were also no imaging studies or electrodiagnostic reports submitted for review. There is no documentation of objective functional improvement following the initial lumbar epidural steroid injections. Based on the clinical information received, the request is not medically necessary.

Lumbar EPI Steroid Injection L5-S1: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing. There was no evidence of radiculopathy upon physical examination. There were also no imaging studies or electrodiagnostic reports submitted for review. There is no documentation of objective functional improvement following the initial lumbar epidural steroid injections. Based on the clinical information received, the request is not medically necessary.

Gralise 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 16-19 Page(s): 16-19.

Decision rationale: California MTUS Guidelines recommend gabapentin for neuropathic pain. The injured worker has continuously utilized this medication for an unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

Methadone 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 61-62 Page(s): 61-62.

Decision rationale: California MTUS Guidelines state methadone is recommended as a second line drug for moderate to severe if the potential benefit outweighs the risk. As per the documentation submitted, the injured worker has continuously utilized this medication for an unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

Percutaneous Lysis of Epidural Adhesions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Adhestolysis, Percutaneous.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's epidural steroid injection procedure has not been authorized, the current request for a lysis of epidural adhesions is also not medically necessary. Therefore, the request is not medically necessary.

Lumbar Epidurogram: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's epidural steroid injection procedure has not been authorized, the current request for a lumbar epidurogram is also not medically necessary. Therefore, the request is not medically necessary.

Cyclobenzaprine DR 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 63-66 Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized this medication for an unknown duration. There was no documentation of objective functional improvement. Therefore, the request is not medically necessary.

Omeprazole DR 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 68-69 Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the request cannot be determined as medically appropriate. There was also no frequency listed in the request. As such, the request is not medically necessary.