

Case Number:	CM14-0116999		
Date Assigned:	08/06/2014	Date of Injury:	01/27/2002
Decision Date:	01/02/2015	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/24/2014

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 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:

The applicant is a represented employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of January 27, 2002. Thus far, the applicant has been treated with the following: analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medications; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Report dated July 16, 2014, the claims administrator denied a lumbar epidural steroid injection, denied a sacroiliac joint injection, denied a cervical MRI, denied Norflex, partially approved gabapentin, apparently for weaning purposes, denied a TENS unit at one month rental, denied a lumbar support, and denied a cervical support. The applicant's attorney subsequently filed for IMR. In a progress note from June 18, 2014, the applicant reported ongoing complaints of low back pain with radiation of pain to and numbness about the bilateral lower extremities. 9/10 pain was noted. The attending provider posited that the applicant had benefited from an earlier lumbar epidural steroid injection of January 30, 2013, and an earlier sacroiliac iliac (SI) joint injection of May 1, 2013. The applicant was having difficulty performing activities of daily living including walking, climbing stairs, and performing home exercises, it was acknowledged. The applicant was limping. Numbness was appreciated about the thigh. SI joint tenderness was also appreciated. MRI imaging of the cervical spine, second lumbar epidural steroid injection, and a second sacroiliac joint injection was sought. A TENS unit one month trial, lumbar support, cervical support, Norflex and Neurontin were prescribed. Topical compounds were also endorsed. In an earlier note dated April 10, 2014, the applicant was previously given prescriptions for Norflex, Neurontin, Duragesic, and several topical compounds. Epidural steroid injection therapy and SI joint injection therapy were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 and L5-S1 bilateral transforaminal lumbar epidural steroid injection under fluoroscopic guidance: Upheld

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

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant's work and functional status have not been clearly outlined, although it does not appear that the applicant has returned to work. The prior epidural steroid injection does not appear to have generated any significant reductions in pain and/or material improvements in function. The applicant does not appear to have returned to work. The applicant remains dependent on variety of opioid and non-opioid agents including Duragesic, Norflex, Neurontin, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in the guidelines, despite one prior epidural steroid injection. Therefore, the request is not medically necessary.

One (1) left sacroiliac joint injection under fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The applicant's primary pain generator here is lumbar radiculitis. The MTUS does not address the topic of sacroiliac (SI) joint injections. The Third Edition ACOEM Guidelines, however, note that sacroiliac joint injections are not indicated in the treatment of any radicular pain syndrome as appears to be present here. Rather, ACOEM suggests reserving sacroiliac joint injections for applicants with a known cause of sacroiliitis, such as a rheumatologically proven sacroiliac spondyloarthropathy. In this case, however, the applicant does not have a rheumatologically proven HLA-B27 positive spondyloarthropathy. Therefore, the request is not medically necessary.

Magnetic Resonance Imaging (MRI) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 182.

Decision rationale: The MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings in preparation for an invasive procedure. In this case, however, there is no evidence that the applicant was/is actively considering or contemplating any kind of surgical intervention involving the cervical spine. The multifocal nature of the applicant's complaints, which include the low back and neck, furthermore, suggest that the applicant is not, in fact, intent on pursuing any kind of surgical remedy involving the cervical spine. The bulk of the documentation on file comprised of documentation of the applicant's lumbar spine issues. There was comparative little-to-no mention of the applicant's cervical spine issues and neither an explicit statement "nor an implicit expectation" the applicant would act on the results of the proposed cervical MRI and/or consider surgical intervention involving the same. Therefore, the request is not medically necessary.

Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants, such as Norflex, are recommended with caution as second line options for the short-term treatment of acute exacerbations of low back pain. The proposed 60-tablet supply of Norflex, thus, is at odds with MTUS principles and parameters. Therefore, the request was not medically necessary.

Gabapentin 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

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

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. In this case, however, the applicant has seemingly failed to return to work. Ongoing usage of gabapentin has failed to appreciably attenuate the applicant's pain complaints. The applicant is consistently described on multiple office visits, referenced above, as exhibiting pain scored at severe, 9/10. Ongoing usage of gabapentin has failed to curtail the applicant's dependence on opioid agents, such as Duragesic. All of the foregoing, taken together, suggests a lack of functional improvement as defined in the guidelines, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.

TENS unit (1 month): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS), chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, one month trial of a TENS unit is indicated in applicants with chronic intractable pain of greater than three months duration in whom other appropriate pain modalities, including pain medications, have been trialed and/or failed. In this case, the applicant is seemingly off of work. The applicant has tried and failed various opioids, non-opioids, adjuvant, and injection therapies. A one-month trial of a TENS unit is, consequently, indicated. Therefore, the request is medically necessary.

A lumbar back support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 and 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports are not recommended outside the acute phase of symptom relief. Here, the applicant is well outside of the acute phase of symptom relief following an industrial injury on January 27, 2002. Introduction and/or ongoing use of a lumbar support is not indicated at this late stage in the course of the claim. Therefore, the request is not medically necessary.

A cervical neck support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 181.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, usage of a cervical collar/cervical support for more than one or two days is deemed "not recommended." Here, provision of the cervical neck support/cervical collar at the this late stage in the course of the claim would ultimately result in decreasing the applicant's overall activity levels and, thus, runs counter to ACOEM principles and parameters. Therefore, the request is not medically necessary.