

Case Number:	CM14-0191048		
Date Assigned:	11/25/2014	Date of Injury:	02/28/2013
Decision Date:	01/14/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/17/2014

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 Management and is licensed to practice in Tennessee. 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:

This is a 52-year old female patient with a date of injury on 2/28/2012. In a progress note dated 10/21/2014, the patient complained of pain in the lumbar spine and right shoulder. She also complained of tiredness due to lack of sleep, as well as symptoms of anxiety and depression. Objective findings: Lumbar spine examination showed flexion 45 degrees, extension 15 degrees, and bending to the right/left at 75 degrees bilaterally. Pain was elicited at L5-S1 dermatome distribution, and hypoesthesia was present at the anterolateral aspect at L5-S1 dermatome bilaterally. The provider stated that the patient had failed to improve with conservative care, including physical therapy and medications. The diagnostic impression showed lumbar spine strain/sprain, and herniated lumbar disc L4-L5 with right-sided L4-L5 radiculopathy. MRI: L4-5 showed diffuse disc protrusion compressing the thecal sac. There was disc material and facet hypertrophy causing bilateral stenosis of the neuroforamina that effaces the right, and encroaches the left, L4 exiting nerve roots. Treatment to date: medication management, behavioral modification, physical therapy, surgery. A UR decision dated 10/10/2014 denied the request for Lumbar Epidural L4-L5 with epidurogram, hydro-collator hot packs, and refill medications. Regarding lumbar Epidural L4-L5 with Epidurogram, the rationale provided regarding the denial was that medical necessity cannot be assessed, as there had been no response to the RFI to document the side of the requested ESI. Regarding hydro-collator hot packs, the rationale provided regarding the denial was that the available information did not document a specific rationale or body part to be treated with hot packs. Regarding refill medications, the rationale provided regarding the denial was that there had been no response to the RFI to document the specific medications, dosage, and quantity requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural L4-L5 with epidurogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines-Work Loss Data Institute, Low Back-Lumbar & Thoracic (Acute & Chronic) See Epidural Steroid Injections (ESIs), Therapeutic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA guides (Radiculopathy).

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. However, in the 10/21/2014 progress report, the objective findings demonstrated pain at the L5-S1 dermatome distribution. Although an MRI of the lumbar spine dated 1/4/2014 showed diffuse disc protrusion compression of the thecal sac, along with bilateral stenosis that effaces the right and encroaches the left L-4 exiting nerve roots, the intended side of the requested injection was not mentioned. Therefore, the request for lumbar epidural L4-L5 with epidurogram was not medically necessary.

Hydro-collator hot packs: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

Decision rationale: CA MTUS does not address this issue. ODG recommends hot/cold packs as an option for acute pain, at home-local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. Heat therapy has been found to be helpful for pain reduction and return to normal function. However, in the 10/21/2014 progress report, no rationale was provided regarding the purpose of hot packs. Furthermore, the body part this therapy was intended for was unclear. Lastly, the quantity was not provided for review. Therefore, the request for hydro-collator hot packs was not medically necessary.

Refill medications: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: Medications for Acute Pain (Analgesics).

Decision rationale: CA MTUS does not address this issue. ODG state that medications are the main treatment of acute pain and acute exacerbations of chronic pain. However, in the present case, there was no discussion regarding the medications to be refilled. Furthermore, the provider mentioned that the patient had failed all conservative therapy including medications, and it was unclear what additional benefit refills of medications would provide. Therefore, the request for refill medications was not medically necessary.