

Case Number:	CM14-0192694		
Date Assigned:	11/26/2014	Date of Injury:	05/24/2014
Decision Date:	01/13/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/18/2014

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 Internal 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 patient is an injured worker with low back complaints. The primary treating physician's initial report of occupational injury dated September 30, 2014 documented an occupational injury that occurred on 05-24-2014. The patient stated that on May 24, 2014, while at work, he was taking down a tower which was attached to a generator. The jack attached to his work truck was malfunctioning and he had to lift the tower on his own. Following this maneuver, he had immediate pain in his lower left low back and hernia pain. He received physical therapy without benefit. The patient complains of low back pain. Pain is left-sided and in the midline. He states that sometimes he limps because of his low back pain. He states that the pain occasionally radiates into the left buttock and down the left leg. He states that the pain occurs continuously and is increased with attempts at bending, kneeling, stooping, squatting and lifting activities. He has increased pain with ascending and descending stairs. The patient has an umbilical hernia. Pain is located in the midline and right side. Pain is occasional and occasionally radiates into the right testicle. The patient fractured his right hand on two occasions in the past. The patient takes Tramadol and Naproxen. The patient is allergic to penicillin. The patient denies consuming alcoholic beverages. The patient completed high school. The patient is single. He has one child. Physical examination was documented. Height is 5'11" tall. Weight is 255 pounds. The patient is alert, responsive, and cooperative. The patient does not appear to be in any acute distress. There is a small umbilical hernia noted at the umbilicus. This is tender to palpation. The patient ambulates with a normal gait. There is no limp present. The patient stands with a normal lumbar lordosis. The crests of the ilium are parallel to the floor. There is no list to either the right or left. There is no scoliosis. The gluteus maximus on the right and left show no evidence of atrophy, bilaterally. There is moderate tenderness in the lumbar paravertebral muscles. There is slight spasm of the lumbar paravertebral muscles. There is no tenderness in the right and left sacroiliac

joints, bilaterally. There is no tenderness in the right and left sciatic notches, bilaterally. Motor strength was normal in bilateral lower extremities. MRI magnetic resonance imaging of the lumbar spine performed on 9/8/14 demonstrated a 6-7 mm far lateral disc herniation at L5-S1 towards the right which projects into the neuroforamen and abuts the undersurface of the exiting right L5 nerve root. There is an annular fissure. Diagnoses were lumbar disc herniation L5-S1, lumbar radiculopathy, and umbilical hernia. The patient sustained injury to the lumbar spine and abdomen. The patient has received physical therapy. He has low back pain. He has radicular pain into the left leg. Treatment plan was documented. Two lumbar epidural corticosteroid injections at the L4-5 level were requested. Lumbar epidural cortisone injections, times two, at the L4-5 level was requested. The patient has findings of an umbilical hernia. Computed tomography CT was requested to evaluate the umbilical hernia. The patient was provided with Tramadol 150 mg XR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two Epidural Cortisone Injections at the L4-L5 level Under Fluoroscopic Guidance and With Monitored Anesthesia Care/IV Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The primary treating physician's initial report of occupational injury dated September 30, 2014 documented a request for two lumbar epidural corticosteroid injections at the L4-5 level. Lumbar epidural cortisone injections, times two, at the L4-5 level was requested. Per MTUS, repeat blocks should be based on continued objective documented functional improvement. Therefore, a second repeat epidural steroid injection, without documentation of functional improvement with the first epidural steroid injection, is not supported by MTUS guidelines. Therefore, the request for Two Epidural Cortisone Injections at the L4-L5 level Under Fluoroscopic Guidance and With Monitored Anesthesia Care/IV Sedation is not medically necessary.

One CT Scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hernia Computed tomography (CT) Imaging

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address computed tomography (CT) for hernia. Official Disability Guidelines (ODG) indicate that computed tomography (CT) is not recommended except in unusual situations. Imaging techniques such as CT scan and ultrasound are unnecessary except in unusual situations. Ultrasound can accurately diagnose groin hernias and this may justify its use in assessment of occult hernias. Ultrasound is the imaging modality of choice when necessary for groin hernias and abdominal wall hernias. Computerized tomography (CT) may have a place, particularly with large complex abdominal wall hernias in the obese patient. Clinically obvious hernias do not need ultrasound confirmation. The primary treating physician's report dated September 30, 2014 documented that there is a small umbilical hernia noted at the umbilicus, which is tender to palpation. Medical records indicate that the hernia is clinically obvious. Per ODG, clinically obvious hernias do not need ultrasound confirmation. No ultrasound of the hernia was performed. Per ODG, ultrasound is the imaging modality of choice when necessary for groin hernias and abdominal wall hernias. Per ODG, computed tomography (CT) is not recommended except in unusual situations. Imaging techniques such as CT scan and ultrasound are unnecessary except in unusual situations. The request for CT computed tomography is not supported by medical records and ODG guidelines. Therefore, the request for One CT Scan to evaluate umbilical hernia is not medically necessary.

Tramadol XR 150 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113, 123.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Tramadol (Ultram). Ultram is a centrally acting synthetic opioid analgesic. Ultram is indicated for the management of moderate to moderately severe pain. The primary treating physician's report dated September 30, 2014 documented that there is a small umbilical hernia noted at the umbilicus, which is tender to palpation. MRI magnetic resonance imaging of the lumbar spine performed on 9/8/14 demonstrated a 6-7 mm far lateral disc herniation at L5-S1 towards the right which projects into the neuroforamen and abuts the undersurface of the exiting right L5 nerve root. There is an annular fissure. Diagnoses were lumbar disc herniation L5-S1, lumbar radiculopathy, and umbilical hernia. Medical records

document subjective complaints of pain and objective evidence of pathology. Per MTUS, Tramadol (Ultram) is indicated for the management of moderate to moderately severe pain. MTUS guidelines support the prescription of Tramadol (Ultram). Therefore, the request for Tramadol XR 150 mg is medically necessary.