

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0193881 | | |
| Date Assigned: | 12/01/2014 | Date of Injury: | 05/19/2014 |
| Decision Date: | 02/11/2015 | UR Denial Date: | 11/04/2014 |
| Priority: | Standard | Application Received: | 11/19/2014 |

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:

This male individual developed persistent low back pain subsequent to a lifting injury dated 5/19/14. He has been diagnosed with a left sided radiculopathy that is consistent with MRI findings of left nerve root compression. He has been recommended for epidural injections. Treatment has been conservative consisting of oral analgesics and physical therapy. It is documented that oral Medrol steroids caused shortness of breath and for undocumented reasons injections of a short acting and long acting steroid were then given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical consultation for the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter seven

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: MTUS Guidelines support a surgical referral if symptoms exceed 3 months in duration. This patient meets these criteria. The surgical referral is medically necessary.

TENS Unit for the purchase for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 113-116.

Decision rationale: MTUS Guidelines are very specific regarding the appropriate use a TENS unit. Prior to the purchase and long-term use of the unit a 30-day trial and rental is recommended to establish benefits. There is no evidence that this trial period was attempted or completed. Under these circumstances, the purchase of a TENS unit is not Guideline supported and is not medically necessary.

Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: MTUS Guideline do not recommend the use of Soma (Carisoprodol). There are no unusual circumstances to justify an exception to Guidelines. The Soma 350mg. #60 is not medically necessary.

Toradol 15 mg IM injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72. Decision based on Non-MTUS Citation <http://www.rxlist.com/toradol-drug.htm>

Decision rationale: MTUS Guidelines state that Toradol is not recommended for the management of chronically painful conditions. However, under rare circumstances its limited use may be reasonable such as a severe flare of pain and it is used to limit acceleration of opioid use. There is no documentation supporting a severe flare of pain that might justify an isolated injection to avoid increased opioids. In addition, oral NSAIDs are documented along with injections of steroids. Under these circumstances, injectable Toradol is not recommended. The Toradol 15mg. IM is/was not medically necessary.

Dexamethasone 10mg IM injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Corticosteroids

Decision rationale: MTUS Guidelines do not mention the use of injectable steroids for low back pain. However, MTUS Guidelines do not recommend oral steroids that would have essentially the same effects. ODG Guidelines addresses this issue and due to the high side effect profile and unknown benefits the Guidelines recommend specific documentation that the patient has been informed that benefits are unknown. The recommended documentation is not discovered in the records reviewed. In addition, it is not clear why injectable steroids were given when systemic side effects are documented from oral steroids. The Dexamethasone 10g. IM does not meet Guideline Criteria and is not medically necessary.

Depo-Medrol 80 mg IM injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Corticosteroids.

Decision rationale: MTUS Guidelines do not mention the use injectable steroids for low back pain. MTUS Guidelines do not recommend oral steroids that would essentially have the same effects as oral steroids. ODG Guidelines addresses this issue and due to the high side effect profile and unknown benefits, the ODG Guidelines recommend specific documentation that the patient has been informed that benefits are unknown. The recommended documentation is not discovered in the records reviewed. In addition, it is not clear why injectable steroids were given when systemic side effects are documented from oral steroids. The Depo-Medrol 80g. IM does not meet Guideline Criteria and is not medically necessary.