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| Case Number: | CM14-0200253 | | |
| Date Assigned: | 12/10/2014 | Date of Injury: | 09/09/2003 |
| Decision Date: | 01/28/2015 | UR Denial Date: | 11/13/2014 |
| Priority: | Standard | Application Received: | 12/01/2014 |

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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 9, 2003. In a Utilization Review Report dated November 13, 2014, the claims administrator failed to approve requests for epidural steroid injection therapy and range of motion testing while approving a request for a followup visit. The claims administrator referenced an October 30, 2014 RFA form and a historical UR report of October 10, 2014 in its determination. The claims administrator suggested that an October 30, 2014 progress note furnished by the attending provider was difficult to follow and not entirely legible. The claims administrator stated that the attending provider had failed to furnish corroborating evidence of radiculopathy, either radiographically or electrodiagnostically. Non-MTUS Chapter 7 ACOEM Guidelines were invoked to approve the followup visit and, furthermore, were mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. On March 18, 2014, the applicant reported 8-9/10 low back and shoulder pain. The applicant was asked to continue Vicodin, Relafen, Zanaflex, Prilosec, Docuprene, and topical compounds. A urology consultation was endorsed. The applicant's work status was not clearly outlined. On September 30, 2014, the applicant reported severe, constant low back pain, 10/10. The applicant was using a cane to move about. A visibly antalgic gait was noted. The applicant was given a Toradol injection. Epidural steroid injection therapy was endorsed, along with a urology evaluation. The applicant's work status was not clearly outlined. The applicant apparently had ancillary complaints of an umbilical hernia and testicular pain. Large portions of the progress note were not entirely legible and difficult to follow. On August 29, 2013, the applicant did undergo an umbilical hernia repair surgery. Lumbar MRI imaging of February 13, 2013 was notable for multilevel broad-based disk protrusions, including diffuse and broad-based disk protrusions at L4-L5 and L5-S1 with associated thecal sac effacement. In an

earlier note dated July 14, 2014, the applicant was apparently given a prescription for tramadol, asked to avoid NSAIDs, and also given a refill of omeprazole for reported NSAID-induced gastritis. In a handwritten note dated March 26, 2013, epidural steroid injection therapy at L4-L5 and L5-S1 was sought. In a later note dated April 16, 2013, the applicant's primary treating provider again sought authorization for an L5-S1 epidural steroid injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 Epidural Steroid Injection quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs) Page(s): 45.

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

Decision rationale: While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, as is present here, this recommendation is qualified by commentary made on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that pursuit of repeat epidural blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, while the applicant does seemingly have some radiographic corroboration of radiculopathy, the requesting provider has not clearly stated whether the applicant has or has not had prior epidural steroid injection therapy or not. The handwritten progress notes, referenced above, did not furnish any narrative log or narrative commentary as to what treatment or treatments had transpired to date. Given the chronicity of the applicant's issues with stated date of injury of September 9, 2003, there was a high likelihood or high probability that the applicant may in fact have had previous epidural steroid injections, which were, furthermore, also endorsed in 2013. Pursuit of what appears to be a repeat epidural steroid injection cannot, thus, be endorsed without clear, compelling evidence of functional improvement with earlier blocks in terms of the parameters established in MTUS 9792.20f. Therefore, the request is not medically necessary.

Left L5-S1 Epidural Steroid Injection, quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs) Page(s): 45.

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

Decision rationale: While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies this

recommendation by noting that pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, it appears (but was not clearly stated) that the applicant did receive an earlier epidural block in 2013. The attending provider has failed to outline evidence of substantive functional improvement with earlier blocks. The applicant does not appear to have returned to work. The applicant seemingly remains dependent on opioid agents such as tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite prior epidural blocks. Therefore, the request is not medically necessary.

Range of motion testing quantity 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 293.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, page 293, range of motion measurements of the low back are of "limited value" owing to the marked variation amongst applicants with and without symptoms. In this case, the attending provider did not furnish any compelling applicant-specific rationale which would support pursuit of formal, computerized range of motion testing in the face of the seemingly unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.