

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0009868 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 01/05/2010 |
| Decision Date: | 03/18/2015 | UR Denial Date: | 01/08/2015 |
| Priority: | Standard | Application Received: | 01/16/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 69 year old male sustained an industrial injury on 1/5/10. He subsequently reports chronic low back pain. Diagnoses include lumbar stenosis, degenerative disc disease and radiculopathy. X-rays and an MRI dated 9/24/13 have revealed abnormalities of the spine. Prior treatments include physical therapy, injections and pain medications. The UR decision dated 1/8/15 non-certified the Epidural Steroid Injections and Tramadol 50mg (# Unspecific). The Epidural Steroid Injections was denied based on MTUS Chronic Pain Medical Treatment guidelines. The Tramadol 50mg (# Unspecific) was denied based on Chronic Pain Medical Treatment and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injections x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: No, the proposed two lumbar epidural steroid injections are not medically necessary, medically appropriate, or indicated here. The request in question does represent a request for repeat epidural steroid injection therapy as the applicant has apparently has at one least prior lumbar epidural steroid injection as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the applicant was/is seemingly off of work. The applicant is having difficulty performing activities as basic as ambulating. He was apparently using a walker to move about, it was suggested on December 30, 2014. Only fleeting relief had been obtained through earlier epidural steroid injection therapy. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f following completion of at least one prior lumbar epidural steroid injection. Therefore, the request for two additional lumbar epidural steroid injections was not medically necessary.

Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS Page(s): 80.

Decision rationale: Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy continue include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicants work status was not clearly outlined on December 30, 2014, implying that the applicant was not working. The applicant continued to report severe back and leg pain, reportedly worsened on that date. The applicant was using a walker to move about. The attending provider failed to outline any quantifiable decrements and/or material improvements in function effected as a result of ongoing tramadol usage. All of the foregoing, taken together, did not make a compelling case for the continuation of the same. Therefore, the request was not medically necessary.