

Case Number:	CM15-0101848		
Date Assigned:	06/04/2015	Date of Injury:	07/20/2001
Decision Date:	09/16/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/27/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 injured worker (IW) is a 55 year old male who sustained an industrial injury on 07/20/2001. The mechanism of injury and initial report are not found in the records received. The injured worker was diagnosed as having failed back surgery syndrome; depressive disorder, RCR, moderate; facet arthropathy, lumbar; stenosis lumbar spine; and degenerative disc disease thoracic. He also has depression. Treatment to date has included physical therapy with home exercise program, medications and medication management with mental health care. Currently, the injured worker complains of ongoing back pain radiating to the lower extremities. He gives a current pain rating of 4 on good days, previous pain rating 9 on bad days, and current pain rating as 9. Aggravating factors for the pain are cold, activity, rest, lying down, sitting, standing, and walking. Alleviating factors include heat, lying down, sitting, standing, walking, and medications. He relates that he is spending 50% of the time in his bed because of pain and depression. On exam, the worker has diffuse tenderness on palpation of the lumbar spine. Range of motion of the lumbar spine in degrees is: forward flexion 60, hyperextension 25, right lateral bend 25, and left lateral bend 25. Sciatic notch tenderness is present bilaterally. He has a positive straight leg raise bilaterally, and can squat, toe walk, and heel walk. Posture is normal; there is no evidence of sensory loss. The lumbar spine has bilateral spasm, and strength is diminished in bilateral lower extremities. The treatment plan includes medication management, and a caudal epidural steroid injection. Requests for authorization were made for the following: 1. Caudal ESI with Racz catheter; 2. Anesthesia with X-ray; 3. Fluoroscopic guidance; 4. Toxicology screen; and 5. Percocet 7.5/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal ESI with Racz catheter: Upheld

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

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

Decision rationale: This 55 year old male has complained of lower back pain since date of injury 7/20/01. He has been treated with surgery, physical therapy and medications. The current request is for Caudal ESI with Racz catheter. Per the MTUS guidelines cited above epidural corticosteroid injections are recommended as an option for the treatment of radicular pain when the specific following criteria are met: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, 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, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007). 8) Current research does not support a 'series-of-three' injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The available medical records do not include documentation that criteria (1) above has been met. Specifically, the available provider notes do not document evidence of radiculopathy by physical examination. On the basis of the MTUS guidelines a caudal ESI with Racz catheter is not indicated as medically necessary.

Anesthesia with X-ray: Upheld

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

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

Decision rationale: This 55 year old male has complained of lower back pain since date of injury 7/20/01. He has been treated with surgery, physical therapy and medications. The current request is for anesthesia with X ray for a Caudal ESI with Racz catheter. Per the MTUS guidelines cited above epidural corticosteroid injections are recommended as an option for the treatment of radicular pain when the specific following criteria are met: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy

(live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, 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, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007). 8) Current research does not support a 'series-of-three' injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The available medical records do not include documentation that criteria; (1) above has been met. Specifically, the available provider notes do not document evidence of radiculopathy by physical examination. On the basis of the MTUS guidelines a caudal ESI with Racz catheter is not indicated as medically necessary. Therefore, anesthesia with x ray is also not indicated as medically necessary.

Fluoroscopic guidance: Upheld

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

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

Decision rationale: This 55 year old male has complained of lower back pain since date of injury 7/20/01. He has been treated with surgery, physical therapy and medications. The current request is for fluoroscopic guidance for a Caudal ESI with Racz catheter. Per the MTUS guidelines cited above epidural corticosteroid injections are recommended as an option for the treatment of radicular pain when the specific following criteria are met: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, 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, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007). 8) Current research does not support a 'series-of-three' injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The available medical records do not include documentation that criteria; (1) above has been met. Specifically, the available provider notes do not document evidence of radiculopathy by physical examination. On the basis of the MTUS guidelines a caudal ESI with Racz catheter is not indicated as medically necessary. Therefore, fluoroscopic guidance for a caudal ESI is also not indicated as medically necessary.

Tox screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; steps to avoid misuse Page(s): 89, 94.

Decision rationale: This 55 year old male has complained of lower back pain since date of injury 7/20/01. He has been treated with surgery, physical therapy and medications. The current request is for a urine tox screen. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited MTUS guidelines and the available medical records, urine tox screen is not indicated as medically necessary.

Percocet 7.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short acting opioids (Percocet).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 55 year old male has complained of lower back pain since date of injury 7/20/01. He has been treated with surgery, physical therapy and medications to include opioids since at least 03/2015. The current request is for Percocet. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Percocet is not indicated as medically necessary.