MAXIMUS Federal Services

Case Number:	CM15-0132325		
Date Assigned:	07/20/2015	Date of Injury:	08/31/2010
Decision Date:	09/21/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/08/2015

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: Florida
Certification(s)/Specialty: Neurology, Pain Management

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 is a 54 year old male, who sustained an industrial injury on August 31, 2010. He reported injury to the neck, low back, bilateral upper extremities and left knee. The injured worker was diagnosed as having cervical disc disease, lumbar disc disease, cervical radiculopathy, lumbar radiculopathy, left knee sprain/strain, cervical facet symptoms and lumbar facet symptoms. Treatment to date has included exercises, stretching, diagnostic studies, medications and injection. The injured worker underwent a medial branch block injection from C5 through C7 and reported more than 60% relief. His medications were noted to help with his pain. On June 8, 2015, the injured worker complained of pain in the cervical spine rated as a 4 on a 1-10 pain scale. He reported that the pain was unchanged from a prior visit. Pain was noted with all lumbar spine range of motion. Yeoman's test, sacroiliac joint thrust test and Patrick's/ FABERE test were all positive. The treatment plan included MRI of the cervical and lumbar spine to properly formulate treatment plan, bilateral L3-4 and L4 transforaminal epidural injection, daily exercises and stretches, medication, urine drug screening and a follow-up visit. On June 10, 2015, Utilization Review non-certified the request for MRI cervical spine, MRI lumbar spine, Percocet 10/325 mg #90, urine toxicology screen, bilateral L3-4 and L4-5 TFESI, citing California MTUS ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, MRI.

Decision rationale: ODG guidelines support repeat MRI of the neck when the insured has symptoms of pain greater than 3 months with neurologic signs or symptoms present or progressive neurologic changes. The medical records provided for review indicate persistent pain with known degenerative disc disease and there is no indication of suspicion of cancer or infection, and there is no apparent instability by x-ray. As such the medical records provided for review do not support necessity of MRI of cervical spine congruent with ODG guidelines. The request is not medically necessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, MRI.

Decision rationale: ODG guidelines support MRI of the lumbar spine when the insured has symptoms of pain greater than 3 months with neurologic signs or symptoms present or progressive neurologic changes. The medical records provided for review indicate persistent pain but indicate no neurologic symptoms or signs, there is no indication of suspicion of cancer or infection, and there is no apparent instability by x-ray. As such the medical records provided for review do not support necessity of MRI of lumbar spine congruent with ODG guidelines. The request is not medically necessary.

Percocet 10/325mg #90: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

Decision rationale: ODG guidelines support opioids with : Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how

long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors The medical records report chronic pain despite other conservative care and that the insured has a positive response to opioids and documents ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such chronic opioids are supported. The request is medically necessary.

Retro: urine toxicology screen: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, UDS.

Decision rationale: ODG guidelines support opioids with : Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The medical records report chronic pain despite other conservative care and that the insured has a positive response to opioids and documents ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such chronic opioids are supported. The medical records provided for review do document a formal assessment of addiction risk or report intent for chronic opioid therapy. As the medical records do support these assessments, UDS is supported for current care. The request is medically necessary.

(B) L3-4, L4-5 TFESI: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, ESI.

Decision rationale: The medical records provided for review do not document physical exam findings consistent with radiculopathy in association with plan for epidural steroid injection or document objective functional gain or pain improvement in terms of duration or degree in relation to first ESI performed in support of second ESI. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be 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) and injection of contrast for guidance. As such the medical records do not support the use of ESI congruent with ODG guidelines. The request is not medically necessary.