

Case Number:	CM15-0133229		
Date Assigned:	07/21/2015	Date of Injury:	09/01/2009
Decision Date:	08/18/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/09/2015

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: California
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 55-year-old male, who sustained an industrial injury on September 1, 2009. Treatment to date has included MRI of the cervical, thoracic and lumbar spine, anti-depressants, and psychological therapy. Currently, the injured worker complains of severe constant pain to the low back and neck. He reports that his range of motion is limited and he has associated numbness and tingling in the bilateral upper extremities and the bilateral lower extremities. He rates his neck pain a 9 on a 10-point scale, his mid back pain a 6 on a 10-point scale, and his low back pain a 10 on a 10-point scale. On physical examination, the injured worker has decreased range of motion of the cervical and the lumbar spine. His range of motion elicits pain. He has a positive Spurling's test and radiculopathy to the left shoulder. The injured worker exhibits a positive straight leg raise test and has radiculopathy to the right gluteus region and the right thigh. An MRI of the lumbar spine on April 17, 2015 revealed disc desiccation with disc bulge and bilateral facet hypertrophy of L3-4 with mild bilateral neural foraminal stenosis; and mild loss of disc height, disc bulge and left subarticular disc protrusion and bilateral facet hypertrophy of L4-5 causing mild dural compression and moderate bilateral neural foraminal stenosis. The diagnoses associated with the request include transient paralysis of the limb, chronic pain syndrome, lumbago, and cervicgia. The treatment plan includes epidural steroid injection of the L3-5 lumbar spine, MRI of the cervical spine and MRI of the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L5 epidural injections and L3-L5 facet injection with implantation of epidural catheter under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: This is a request for 3 different mutually contradictory procedures. All 3 cannot be approved since MTUS guidelines list any of the other procedures as contraindications for approval. Approval of 1 automatically invalidates the request for the other 2. This provider has requested all 3 as one request and therefore this request can never be approved. Either way, the poor documentation provided would never get the request approved even if considered individually. As per MTUS guidelines, the contraindication for facet injections is radicular pain. Patient has radicular pain. Facet injection request is invalid. As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for ESI except for short-term pain control. There is no long-term plan. Fails criteria. 2) Unresponsive to conservative treatment. There is documentation of some prior conservative therapy attempts. Provider has failed to document any prior conservative treatments. There is no noted home exercise program and no other conservative measures include 1st line medications for claimed radicular pain has been attempted. Fails criteria. 3) Patient fails MTUS criteria for diagnosis of radiculopathy. Patient has signs of radiculopathy but the request for 2 other procedures point to provider thinking that the patient's pain is not necessarily radicular in nature. Fails criteria. Patient fails multiple criteria for cervical epidural steroid injection. Epidural steroid injection is not medically necessary. L3-L5 epidural injections and L3-L5 facet injection with implantation of epidural catheter under fluoroscopy is not medically necessary.

Post-injection physical therapy, 3 times weekly for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior multiple PT sessions (Total number was not documented) was completed. Nothing is documented about prior PT. There is no documentation if patient is performing home-directed therapy with skills taught during PT sessions. There is no documentation as to why home directed therapy and exercise is not sufficient. The rationale for additional PT was after post injection but Utilization Review and this review have denied that. This request is also incomplete and not appropriate. It is an open-ended request for unlimited PT sessions. Documentation fails to support additional PT sessions. Additional unknown number of physical therapy sessions is not medically necessary.

Ultracet 37.5/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain updated 04/30/2015- Online version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Ultracet is Tramadol, a Mu-agonist, an opioid-like medication in combination with acetaminophen. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Pt appears to be Ultracet chronically, which already contains Tramadol. Documentation fails to meet the appropriate documentation required by MTUS. There is no documentation of pain improvement, no appropriate documentation of objective improvement and there is no mention about a pain contract or screening for abuse. The patient is already on multiple other opioids. The number of tablets is not appropriate and does not meet requirement for monitoring. Documentation fails MTUS guidelines for chronic opioid use. Ultracet is not medically necessary.