MAXIMUS Federal Services

Case Number:	CM15-0137886		
Date Assigned:	07/28/2015	Date of Injury:	12/03/2009
Decision Date:	09/29/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/16/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old male, who sustained an industrial injury on 12-3-09. The injured worker has complaints of back pain radiating from low back down both legs. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included gabapentin; cymbalta; oxymorphone; oxycodone; X-rays and magnetic resonance imaging (MRI) of the lumbar spine; laminectomy on 1-16-14; lumbar laminectomy in March 2013; physical therapy and injections. The request was for referral to detox program and transforaminal lumbar epidural injection at L4-L5, L5-S1 left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to detox program: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42.

Decision rationale: Based on the 7/1/15 progress report provided by the treating physician, this patient presents with back pain radiating down bilateral legs rated 8/10 with medications and 10/10 without medications. The treater has asked for referral to detox program on 7/1/15. The patient's diagnoses per request for authorization form dated 7/6/15 are spasm of muscle, myofascial pain, radiculopathy, post lumbar laminect syndrome, pain disorder with both psychological factors and an orthopedic. The patient states that the pain is worse and has a worse more profound left foot drop and increased pain down lower extremities per 7/1/15 report. The patient is s/p lumbar laminectomy from March 2013 per 4/27/15 report. The patient has not had prior detox program referral per review of reports. The patient is unable to tolerate land- based physical therapy per 7/1/15 report, and does not have a formal home exercise program in place. The patient's work status is permanent and stationary as of 1/1/15 per 7/1/15 report. MTUS, Detoxification, page 42: Recommended as indicated below. Detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse, or misuse. It may be necessary due to the following: intolerable side effects, lack of response, aberrant behaviors as related to abuse and dependence, refractory comorbid psychiatric illness, or lack of functional improvement. Gradual weaning is recommended for long-term opiate users because opiates cannot be abruptly discontinued without probable risk of withdrawal symptoms. ODG, Pain Chapter, and Hospital Length of Stay: ODG hospital length of stay (LOS) guidelines: Drug Detox (ICD 94.65 - Drug detoxification) Actual data -- median 4 days; mean 4.1 days (‚0.2); discharges 78,219; charges (mean) $9,756. Best practice target (no complications) -- 4 days. In this case, the treater states that the patient will begin to decrease opioids as of February 2015 and will be referred to a detox program. As of requesting 7/1/15 report, the patient is taking Oxymorphone and Oxycodone. Review of the reports does not indicate the patient has abuse and dependence on any of his opiates. It would appear that a detox program is appropriate in this case, as it is a referral for evaluation. The request is medically necessary.

Transforaminal lumbar epidural injection at L4-L5, L5-S1 left side: Overturned

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

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

Decision rationale: Based on the 7/1/15 progress report provided by the treating physician, this patient presents with back pain radiating down bilateral legs rated 8/10 with medications and 10/10 without medications. The treater has asked for transforaminal lumbar epidural injection at l4-l5, l5-s1 left side on 7/1/15. The patient's diagnoses per request for authorization form dated 7/6/15 are spasm of muscle, myofascial pain, radiculopathy, post lumbar laminect syndrome, pain disorder with both psychological factors and an orthopedic. The patient states that the pain is worse and has a worse more profound left foot drop and increased pain down lower extremities per 7/1/15 report. The patient is s/p lumbar laminectomy from March 2013 per 4/27/15 report. The patient has not had prior detox program referral per review of reports. The patient is unable to tolerate land-based physical therapy per 7/1/15 report, and does not have a formal home exercise program in place. The patient's work status is permanent and stationary as

of 1/1/15 per 7/1/15 report. MTUS, Epidural steroid injections (ESIs) section, pg 46 of 127: Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). See specific criteria for use below. Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a 'series of three' ESI's. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. In this case, the treater has requested lumbar epidural steroid injection at L4-5 and L5-S1 on the left side. Physical exam of 7/1/15 showed decreased sensation in the lateral/medial foot, medial/lateral calf, anterior/ medial/lateral thigh, and 1st and 2ndtoes on the left side. The patient has complained of worsening left foot drop and radiating pain down both legs per 7/1/15 report. Original MRI report was not found in records, but 7/1/15 report refers to a lumbar MRI dated 2/2/13 that shows a 5mm disc at L4-5. Given the patient's significant and persistent radicular symptoms and MRI findings showing disc herniation at L4-5, the request is medically necessary.