

Case Number:	CM15-0138812		
Date Assigned:	07/28/2015	Date of Injury:	03/17/2010
Decision Date:	09/24/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/17/2015

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, Massachusetts
 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:

The injured worker is a 46 year old male, who sustained an industrial injury on 3/23/10. He reported pain in his neck and lower back. The injured worker was diagnosed as having cervical degenerative disc disease, lumbar disc displacement without myelopathy, lumbar stenosis, lumbar radiculopathy and lumbar facet arthropathy. Treatment to date has included an L3-L4 epidural injection on 8/22/12, an L4-L5 epidural injection on 3/2/11, a lumbar MRI on 4/16/13 and lumbar medial branch blocks x 2. Current medications include Soma, Trazodone, Lyrica, Lidoderm, Oxycodone since at least 12/15/14 and OxyContin. On 5/18/15 and 6/5/15 the injured worker was seen in the emergency department for an acute flare up of his pain and was given an injection of Toradol. The urine drug screens from 8/26/14 and 9/3/14 were positive for marijuana, but the drug screen on 11/23/14 had normal results. As of the PR2 dated 6/9/15, the injured worker reports increased low back and neck pain intensity. He rates his pain a 6/10 with medications and a 10/10 without medications. His pain currently is a 9/10. Objective findings include decreased lumbar range of motion, a positive straight leg raise test bilaterally and sciatic notch tenderness. The cervical examination shows a negative Spurling maneuver, flexion is 45 degrees and hyperextension is 55 degrees. The treating physician requested a lumbar MRI without contrast, a cervical MRI without contrast, a lumbar epidural steroid injection, Oxycodone 10 #90 and OxyContin 10mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine without contrast: 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), Treatment Index, 13th Edition (web) 2015, Low Back Chapter, MRI.

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: Previous of the lumbar spine was obtained on 4/16/13, which showed facet joint arthritis, multiple levels of degenerative disc disease and herniated disks with mild central canal stenosis. The ODG guidelines state that "repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of clinical pathology". Since that time there has been no new injury reported, no significant change in physical exam findings or symptoms that would indicate a clinically significant alteration in the anatomy found on MRI since the date of the initial imaging study. Therefore based on the lack of documented medical necessity in the clinic records provided, the requested repeat imaging study is not medically necessary at this time.

MRI of the cervical spine without contrast: 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), Treatment Index, 13th Edition (web), 2015, Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back/ MRI.

Decision rationale: The ODG guidelines state that "repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of clinical pathology". I did not see any documented evidence in either the provided clinical records or the peer review report that indicate that an MRI of the cervical spine has been previously performed. Based on the recent clinic note from May 2015 there is no objective findings that indicate the IW requires a cervical MRI. There is no report of VAS for the cervical spine or description of pain quality. On physical exam cervical exam is essentially normal except for tenderness to palpation of cervical paraspinal muscles. This is not an indication for cervical MRI especially once considering the IW has a normal neurological exam with normal range of motion. Therefore based on the lack of documented medical necessity in the clinic records provided, the requested repeat imaging study is not medically necessary at this time.

Lumbar epidural steroid injection: 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 injection Page(s): 46.

Decision rationale: According to MTUS, epidural steroid injections are "recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)... based on the following criteria: 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." From my review of the records the IW does not have radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy; the pain is not focal that would suggest a specific nerve root involvement. Additionally information regarding efficacy of previous injections is lacking in order to determine if repeat ESI would be recommended. Consequently, the requested epidural steroid injection is not medically necessary.

Oxycodone 10mg #90 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is an improvement of VAS score with medication, there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as improvement in objective physical exam findings or functional capacity. Additionally the medical records state that there have a number of previous inappropriate UDS including positive for benzo and opioids not prescribed. The last UDS on /5/19/15 was positive for both hydrocodone and tramadol and two benzos. The previous UDS on 4/20/15 was also not appropriate. Continued use of high dose chronic opioids with additional not prescribed opioids and benzodiazepines is a significant safety risk. Consequently continued use of short acting opioids is not supported by the medical records and guidelines as being medically appropriate and therefore is not medically necessary.

Oxycontin 10mg #45 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is an improvement of VAS score with medication, there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as improvement in objective physical exam findings or functional capacity. Additionally the medical records state that there have a number of previous inappropriate UDS including positive for benzo and opioids not prescribed. The last UDS on /5/19/15 was positive for both hydrocodone and tramadol and two benzos. The previous UDS on 4/20/15 was also not appropriate. Continued use of high dose chronic opioids with additional not prescribed opioids and benzodiazepines is a significant safety risk. Consequently continued use of long acting opioids is not supported by the medical records and guidelines as being medically appropriate and therefore is not medically necessary.