MAXIMUS Federal Services

Case Number:	CM15-0162574		
Date Assigned:	08/28/2015	Date of Injury:	10/11/2013
Decision Date:	10/07/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/19/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 50-year-old female with an industrial injury dated 10-11-2013. The injured worker's diagnoses include lumbar spine sprain, strain, and right L4-L5 lumbar radiculopathy. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 07-20-2015, the injured worker reported low back pain with radiation to the right leg with associated numbness and spasm on the right leg. The injured worker rated pain a 7 out of 10. Objective findings revealed moderate distress and moderate tenderness in the neck; mid thoracic and lower back area. Decreased sensation in the right knee, right leg and right foot were also noted on exam. Straight leg raise test and Patrick-Fabere's tests were all positive on the right. The treatment plan consisted of medication management, laboratory studies and lumbar epidural injection. The treating physician prescribed services for Robaxin 500mg Quantity: 60.00, Norco 5-325mg Quantity: 90.00, L4-L5 translaminar epidural injection under fluoroscopic guidance, CBC with diff Quantity: 1.00, CMP Quantity: 1.00 and PT-INR Quantity: 1.00, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: MTUS CPMTG recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Per the medical records, this is the first time this medication was prescribed. The documentation submitted for review does not note an acute exacerbation of low back pain. The request is not medically necessary.

Norco 5/325mg QTY: 90.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p76 regarding therapeutic trial of opioids, questions to ask prior to starting therapy include: "(a) Are there reasonable alternatives to treatment, and have these been tried. (b) Is the patient likely to improve. (c) Is there likelihood of abuse or an adverse outcome." The injured worker is currently treated with ibuprofen 600mg PRN. She has frequent moderate to severe sharp pain associated with numbness sensation and spasm on the right leg. The low back pain intensity is aggravated by prolonged sitting and walking but she finds that taking pain pills and massaging by hand makes her feel better. She rated her pain 7/10 in intensity. This is the first fill of this medication. I respectfully disagree with the UR physician's denial based upon a lack of psychological evaluation showing that the patient is a good candidate for opiate therapy. The guidelines do not mandate this. The request is medically necessary.

L4-L5 translaminar epidural injection under fluoroscopic guidance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 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. Per the documentation submitted for review, the injured worker had decreased sensation over the right anterior knee (L4), medial leg (L4), lateral leg (L5), dorsal foot (L5) and lateral foot (S1). Quadriceps femoralis reflex (L3, L4) was 2+ on the left side. Quadriceps femoralis reflex (L3, L4) was 1+ on the right. Achilles reflex (L5, S1) was 2+ on the left side. Achilles reflex (L5, S1) was 2+ on the right. MRI of the lumbar spine was normal. EMG studies noted a right L4 and L5 radiculopathy. I respectfully disagree with the UR physician, the documentation supports translaminar ESI. The request is medically necessary.

CBC w/diff QTY: 1.00: Overturned

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

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 Preoperative Lab Testing.

Decision rationale: Per ODG TWC, "preoperative lab testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment." Criteria for Preoperative lab testing: A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. The request is indicated to affirm appropriate platelets prior to ESI. The request is medically necessary.

CMP QTY: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine.

Decision rationale: Per the US National Library of Medicine: A comprehensive metabolic panel is a group of blood tests. They provide an overall picture of your body's chemical balance and metabolism. Metabolism refers to all the physical and chemical processes in the body that use energy. The documentation submitted for review lacks indication for CMP testing, the request is not medically necessary.

PT/INR QTY: 1.00: Overturned

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

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 Preoperative Lab Testing.

Decision rationale: Per ODG TWC, "preoperative lab testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment." Criteria for Preoperative lab testing: Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. The request is indicated to affirm candidacy for ESI. The request is medically necessary.