MAXIMUS Federal Services

Case Number:	CM15-0167479		
Date Assigned:	09/08/2015	Date of Injury:	03/28/2012
Decision Date:	10/13/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/25/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 44 year old male who sustained an industrial injury on 3-28-12. The injured worker reported pain in the lumbar spine and left hand. A review of the medical records indicates that the injured worker is undergoing treatments for left shoulder impingement - syndrome, lumbar disc disease and left hand hematoma. Medical records dated 6-17-15 did not indicate a pain rating. Medical records dated December of 2014 indicated lumbar spine pain rated at 7 out of 10. Provider documentation dated 6-17-15 noted the work status as returning to modified work from 6-17-15 to 7-29-15. Treatment has included a left hand magnetic resonance imaging (6-13-15) revealing a hyperintense left palm mass, L5-S1 lumbar epidural steroid injection and L5-S1 facet injection bilaterally (2-3-15) and Norco since at least December of 2014. Objective findings in the 6-17-15 documentation noted tenderness in the lumbar spine and normal gait. The original utilization review (7-24-15) denied the request for L4-S1 epidural steroid facet injections with implantation of catheter and fluoroscopy, associated request: post-injection physical therapy 3 times a week for 3 weeks for the lumbar spine, and associated request: Ultracet 37.5-325 milligrams quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 epidural steroid facet injections with implantation of catheter and fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic) Epidural steroid injections (ESIs), therapeutic.

Decision rationale: The claimant sustained a work injury in March 2012 and is being treated for left upper extremity and low back pain. He underwent a combined L5-S1 interlaminar epidural and bilateral facet injection procedure on 02/03/15. In March 2015 there had been two days of 5% pain relief and there had been left hand swelling after insertion of an IV catheter during the procedure. When seen, he was having ongoing radiating leg pain with numbness. Pain was rated at 8.5/10. There was decreased and painful lumbar spine range of motion. There was decreased lower extremity strength and sensation with positive left straight leg raising. Medications have included Norco at a total MED (morphine equivalent dose) of 30 mg per day. Being requested is a repeat combined epidural and facet joint procedure with post injection physical therapy and Ultracet at an MED of 25 mg per day. In terms of lumbar epidural steroid injections, guidelines recommend that, in the diagnostic phase, a maximum of two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block. In this case, there was no significant or sustained improvement after the previous injection. A repeat combined procedure is being requested and performing an epidural injection on the same day of treatment as facet blocks is not recommended as this may lead to improper diagnosis or unnecessary treatment. For either of these reasons, the requested second epidural steroid injection procedure is not medically necessary.

Associated request: Post-injection physical therapy 3 times a week for 3 weeks for the lumbar 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 (ODG), Low Back: Physical therapy (PT) - ODG Physical Therapy 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 - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in March 2012 and is being treated for left upper extremity and low back pain. He underwent a combined L5-S1 interlaminar epidural and bilateral facet injection procedure on 02/03/15. In March 2015 there had been two days of 5% pain relief and there had been left hand swelling after insertion of an IV catheter during the procedure. When seen, he was having ongoing radiating leg pain with numbness. Pain was rated at 8.5/10. There was decreased and painful lumbar spine range of motion.

There was decreased lower extremity strength and sensation with positive left straight leg raising. Medications have included Norco at a total MED (morphine equivalent dose) of 30 mg per day. Being requested is a repeat combined epidural and facet joint procedure with post injection physical therapy and Ultracet at an MED of 25 mg per day. After a lumbar injection, guidelines recommend up to 1-2 therapy treatment sessions over 1 week. In this case, the number of visits requested is in excess of that recommended. Additionally, the injection procedure being requested is not medically necessary.

Associated request: Ultracet 37.5/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use - Therapeutic trial of Opioids; Weaning of Medications Page(s): 76-80;
124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain: Opioids, specific drug list - Tramadol/Acetaminophen (Ultracet; generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
(1) Opioids, criteria for use, (2) Opioids, dosing, Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in March 2012 and is being treated for left upper extremity and low back pain. He underwent a combined L5-S1 interlaminar epidural and bilateral facet injection procedure on 02/03/15. In March 2015 there had been two days of 5% pain relief and there had been left hand swelling after insertion of an IV catheter during the procedure. When seen, he was having ongoing radiating leg pain with numbness. Pain was rated at 8.5/10. There was decreased and painful lumbar spine range of motion. There was decreased lower extremity strength and sensation with positive left straight leg raising. Medications have included Norco at a total MED (morphine equivalent dose) of 30 mg per day. Being requested is a repeat combined epidural and facet joint procedure with post injection physical therapy and Ultracet at an MED of 25 mg per day. Ultracet (tramadol/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that opioid medication at a higher MED has provided decreased pain, an increased level of function, or improved quality of life. Prescribing Ultracet is not medically necessary.