

Case Number:	CM15-0168718		
Date Assigned:	09/09/2015	Date of Injury:	04/04/2008
Decision Date:	10/23/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/27/2015

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: 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 45 year old female who sustained an industrial injury on 04-04-2008. Current diagnoses include cervical spine musculoligamentous sprain-strain with right upper extremity radiculitis-disc osteophyte, status post anterior cervical discectomy and fusion, and lumbar spine musculoligamentous sprain-strain with right lower extremity radiculitis, multilevel disc protrusions-stenosis-facet osteoarthritis with increased symptoms. Report dated 07-16-2015 noted that the injured worker presented with complaints that included flare-up of right-sided neck secondary to spasms, and worsening lumbar spine pain with numbness and tingling to the bilateral upper extremity. The physician documented that the injured worker recently slipped on a paper chart that was on the floor of her office. She was able to catch herself but she did throw out her back for 4 days. Physical examination revealed tenderness of the lumbar spine with spasm over the bilateral paravertebral musculature and sacroiliac joints, straight leg testing is positive, decreased lumbar range of motion, decreased lumbar sensation, tenderness in the cervical spine with spasm, trigger points are noted in the bilateral trapezius and levator muscles with twitch response, tenderness in the suboccipital musculature, axial compression is positive and range of motion is decreased, thoracic spine revealed positive Adson's test and decreased sensation. Previous treatments included medications, weight loss program, physical therapy and surgical interventions. The treatment plan included a request to review medical records, pain management consultation for a left L5-S1 selective epidural catheterization, discontinue Ultram 50mg and restart Ultram ER 150mg due to worsening symptoms, taper down Lyrica, increase Celebrex, increase Zanaflex, and follow up in 4-6 weeks. The injured worker is temporarily

totally disabled from 07-16-2015 to 08-02-2015 secondary to symptoms in anticipation of lumbar epidural steroid injection. Request for authorization dated 07-16-2015, included requests for left L5-S1 selective epidural catheterization under fluoroscopy, Ultram ER, Celebrex, Zanaflex, and request to review medical records and to be compensated for a narrative report that provides discussion. The utilization review dated 08-21-2015, non-certified the request for 60 Ultram ER, 60 Celebrex, 1 pain management consultation, and 1 left L5-S1 selective epidural catheterization under fluoroscopy based on medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER (extended release) (tramadol) 150 mg Qty 60: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Ultram is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is no documentation supporting any functional improvement. The examination findings provided no objective or quantitative measure of pain to determine severity. Ultram ER (extended release) (tramadol) 150 mg Qty 60 is not medically necessary.

Celebrex 200 mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. The examination findings provided no objective or quantitative measure of pain to determine severity. Celebrex 200 mg Qty 60 is not medically necessary.

Pain Management Consultation, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 04/27/2007, pg. 56.

Decision rationale: The California MTUS makes no recommendations regarding referral to a pain management specialist. Alternative guidelines have been referenced. The guidelines state that referral to a pain specialist should be considered when the pain persists but the underlying tissue pathology is minimal or absent and correlation between the original injury and the severity of impairment is not clear. Consider consultation if suffering and pain behaviors are present and the patient continues to request medication, or when standard treatment measures have not been successful or are not indicated. Pain Management Consultation, Qty 1 is not medically necessary.

Selective Left Lumbar Epidural Catherization under fluoroscopy: 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): Epidural steroid injections (ESIs).

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is no clear documentation of radiculopathy as outlined above. Selective Left Lumbar Epidural Catherization under fluoroscopy is not medically necessary.