

Case Number:	CM15-0183911		
Date Assigned:	09/24/2015	Date of Injury:	11/21/2005
Decision Date:	10/30/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/18/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 61 year old male, who sustained an industrial injury on 11-21-2005. He reported a low back injury while performing repeated activity. Diagnoses include lumbar degenerative disc disease, bilateral lumbar radiculopathy, status post two lumbar surgeries. Treatments to date include activity modification, medication therapy, physical therapy, and epidural steroid injections. He is status post lumbar fusion x 2 (2005, 2011). Currently, he complained of ongoing low back pain with radiation to bilateral lower extremities, and noted to be becoming progressively worse. A lumbar epidural steroid injection provided on 4-2-15 to bilateral L4-5 and right L5-S1, was noted to provide 75% or more pain relief lasting three months. On 7-22-15, the physical examination documented lumbar tenderness, decreased range of motion, positive right side straight leg raising test and decreased strength in the left lower extremity. The plan of care included a second injection to L5-S1 and L4-5 levels, laboratory evaluation, medication therapy and physical therapy. The records documented the addition of MS Contin 30mg, one every twelve hours, to the previously prescribed Norco 10-325mg, one tablet three times a day for improved pain control. The appeal requested authorization for Norco 10-325mg #90; laboratory evaluations including CBC, CMP, PT, PTT, and INR; and Lumbar Epidural Steroid Injection (LESI) to right L5-S1 and Left L4-L5 levels under fluoroscopic guidance. The Utilization Review dated 8-17-15, modified the request to allow Norco 10-325mg #45; and denied the request for the laboratory evaluations and LESI citing the California Medical Treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, ninety count: 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): Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. The injured worker is already being treated with long acting narcotics and there is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 7/22/15. Therefore, the request is not medically necessary and the determination is for non-certification.

Labs: CBC, CMP, PT, PTT, and INR: 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
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

Decision rationale: CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced.<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> States that patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case, the claimant is 61 years old and does not have any evidence in the cited records from 7/22/15 of significant medical comorbidities to support a need for preoperative clearance. However, in this case, the requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.

Lumbar epidural steroid injection, Bilateral L4-L5, Right L5-S1, and left L4-L5 under fluoroscopic guidance: 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 CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural injections, page 46, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. In addition there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case the exam notes cited do not demonstrate a failure of conservative management nor a clear evidence of a dermatomal distribution of radiculopathy. While he does describe radicular symptoms to bilateral legs in a L5 distribution on the exam note from 7/22/15, the physical exam findings are inconsistent. There is a positive straight leg raise test on the right side only, there is diffuse non-anatomic left sided weakness documented and the note reports a normal sensory exam. Although he experienced partial relief after the first injection there is no documentation supporting whether the worker participated in an ongoing conservative management program following the first injection. Therefore, the request is not medically necessary and the determination is for non-certification.