

Case Number:	CM15-0191330		
Date Assigned:	10/05/2015	Date of Injury:	03/15/2004
Decision Date:	11/10/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/29/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 64 year old male, who sustained an industrial injury on 3-15-2004. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, unspecified, skin sensation disturbance, chronic pain syndrome, and other pain disorder related to psychological factors. Treatment to date has included diagnostics, L4, L5 transforaminal epidural steroid injection (TFESI) on 4-03-2015, bilateral C4, C5 radiofrequency ablation on 3-27-2015, radiofrequency and bilateral L5 TFESI on 11-21-2014, transcutaneous electrical nerve stimulation unit (ineffective), and medications. Currently (8-21-2015), the injured worker complains of increased fatigue with activities, return of neck pain with more frequent headaches, and right knee pain. Pain was rated 6 out of 10 (rated 7 out of 10 on 7-24-2015, rated 2-6 on 6-30-2015, and rated 2-8 on 5-12-2015), depending on activity level. It was documented that he had 80% pain relief after TFESI, was able to sit longer (up to 60 minutes) and took less medication (Norco 2-3 daily). He was walking 2-3 miles per day but felt more fatigued by late afternoon. Current medications included Amrix, Cymbalta, Celebrex, Docusate, Lidocaine patch, Omeprazole, Norco, Lidocaine ointment, Dilaudid, Finasteride, and Simvastatin. Objective findings noted normal gait, spasm, tenderness, and tight muscle band and trigger points in the bilateral paravertebral muscles and straight leg raise positive bilaterally. Exam of the left knee noted tenderness to palpation over the lateral and medial joint lines and 1+ effusion. He received injections of Toradol and B12. Labs were requested due to "ongoing fatigue-on opiates long term" and lumbar ESI was requested due to "leg pain returning". The treatment plan included bilateral L4, L5 epidural steroid injection, serum testosterone, and complete blood count, non-certified by Utilization Review on 9-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab: serum testosterone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/22786450.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dealing with misuse & addiction, Opioids, long-term assessment.

Decision rationale: According to the guidelines, long-term opioid use can lead to low testosterone levels. In this case, there was no mention of hypogonadism on exam or erectile dysfunction. The treating physician ordered testosterone levels due to fatigue. Although, low - testosterone can lead to a low energy level, routine evaluation of fatigue does not require a testosterone level and is not a medical necessity.

Lab: CBC (complete blood count): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/25794214.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, Opioids for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, chronic opioid and NSAID use can lead to renal and liver dysfunction. In this case, there was no indication of GI bleeding that can lead to anemia or blood loss. There was no indication of chronic anemia. Although routine anemia may be a cause for fatigue, the exam review of systems did not indicate new or worsening fatigue. A complete physical was not performed. The request was from a pain management perspective rather than primary care. The request is not supported nor substantiated and not a medical necessity for a CBC.

Bilateral L4, L5 ESI (epidural steroid injection): Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the guidelines, ESI are recommended for those who have clinical and radiological finding of radiculopathy. In this case, the claimant does have straight leg raise test findings but there is no evidence from imaging or neurodiagnostics to indicate radiculopathy. In addition, the ACOEM guidelines do not support ESI due to their short-term benefit. Although the claimant benefitted from a prior ESI additional ESI of the lumbar spine is not a medical necessity.