

Case Number:	CM15-0191845		
Date Assigned:	10/05/2015	Date of Injury:	08/03/2011
Decision Date:	12/16/2015	UR Denial Date:	09/17/2015
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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old female, who sustained an industrial injury on 8-3-2011. The injured worker is undergoing treatment for cervical discogenic disease with radiculitis, chronic cervical strain-sprain, cervical radiculopathy, lumbar discogenic disease, lumbar spondylolisthesis, chronic low back pain, left shoulder impingement syndrome, right total knee replacement, bilateral knee anterior cruciate ligament (ACL) tear, cervical fusions and lumbosacral spondylolisthesis. Medical records dated 7-7-2015 indicate the injured worker complains of neck, shoulder, back and knee pain. The treating physician indicates "she had her lumbar epidural steroid injection and has noticed a 70% improvement." Physical exam dated 7-7-2015 notes cervical tenderness to palpation with decreased range of motion (ROM) and spasm, "exam of the left shoulder reveals positive impingement on the right," lumbar spasm, positive straight leg raise, decreased L5 sensation, right leg sciatica and bilateral decreased knee range of motion (ROM). Treatment to date has included right total knee replacement (May 2015), physical therapy, medication and activity modification. The original utilization review dated 9-17-2015 indicates the request for Celexa 20mg #30 and Neurontin 600mg #90 is certified and Norco 10-325mg #90, Celebrex 20mg #30, Colace 100mg #30, magnetic resonance imaging (MRI) of lumbar spine, bilateral L4-5 epidural steroid injection #1 and bilateral L5-S1 epidural steroid injection #1 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine, 08/18/15 order Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004,
Section(s): Special Studies, Initial Care.

Decision rationale: Per California MTUS Guidelines, MRI is indicated if there are unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option. Lumbar MRI is the mainstay in the evaluation of myelopathy. In addition to diagnosing disc herniation, neoplastic and infectious processes can also be visualized using MRI. Within the submitted records, it is noted that there has been good response to previous LESIs and there is no clear to repeat the MRI as it is unclear as to how this would change the future treatment for this injured worker. As such, this request is not medically necessary.

Bilateral L4-L5 Epidural steroid injection, per 8/18/15 order Qty: 1.00: 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): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Low Back, ESI.

Decision rationale: According to the California MTUS, epidural steroid injections offer no significant long-term functional benefit, nor do they reduce the need for surgery. Criteria for the use of epidural injections require that radiculopathy be noted on examination and corroborated by imaging and/or electrodiagnostic studies. It is recommended that epidural steroid injections can be repeated if there is documentation of significant pain relief, improvement in ADL/functions, and decrease in medication utilization following a prior epidural steroid injection. More specifically, "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." Within the submitted records, it is noted the injured worker receives 70% relief of pain for several weeks with ESIs. There is noted reduction in Norco use due to ESIs. There is radiculopathy on exam, corroborated by imaging and as such, the request for epidural steroid injections is reasonable and is medically necessary.

Bilateral L5-S1 Epidural steroid injection, per 8/18/15 order Qty: 1.00: 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): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Low Back, ESI.

Decision rationale: According to the California MTUS, epidural steroid injections offer no significant long-term functional benefit, nor do they reduce the need for surgery. Criteria for the use of epidural injections require that radiculopathy be noted on examination and corroborated by imaging and/or electrodiagnostic studies. It is recommended that epidural steroid injections can be repeated if there is documentation of significant pain relief, improvement in ADL/functions, and decrease in medication utilization following a prior epidural steroid injection. More specifically, "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." Within the submitted records, it is noted the injured worker receives 70% relief of pain for several weeks with ESIs. There is noted reduction in Norco use due to ESIs. There is radiculopathy on exam, corroborated by imaging and as such, the request for epidural steroid injections is reasonable and is medically necessary.

Colace 100mg, per 8/18/2015 order Qty: 90.00: 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): Opioids for chronic pain. Decision based on Non-MTUS Citation www.drugs.com.

Decision rationale: Colace is a stool softener used on a short-term basis to relieve constipation. If prescribing opiates has been determined appropriate, the official disability guidelines recommend prophylactic treatment of constipation should be initiated. The request for Norco, an opiate, is not medically necessary, so too is the request for Colace, a stool softener.

Celebrex 20mg #30, per 8/18/2015 order Qty: 30.00: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: As per MTUS Chronic Pain Guidelines, NSAIDs are useful for osteoarthritis related pain. Due to side effects, and risks of adverse reactions, MTUS recommends as low a dose as possible for as short a course as possible. Acetaminophen should be considered initial therapy in those with mild to moderate osteoarthritic pain. Within the

submitted records, there is no clear efficacy of Celebrex noted. There is no mention of how Celebrex reduces pain using validated measures, nor is there noted improved function/ability to participate in ADLs. As such, this request is not medically necessary.

Norco 10/325mg, per 8/18/2015 order Qty: 90.00: 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): Opioids, criteria for use.

Decision rationale: The California MTUS guidelines allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting improvement in participation of activities of daily living, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment, and discussion of monitoring for aberrant drug taking behavior (The 4 A's - Analgesia, Activities of Daily Living, Aberrant drug taking behavior, Adverse side effects). Within the submitted records, there is no mention of ongoing monitoring, pain contract, or improved pain using validated scores/measures consistently documented throughout PR-2 follow ups. As such, ongoing use is not medically necessary.