MAXIMUS Federal Services

Case Number:	CM15-0194770		
Date Assigned:	10/08/2015	Date of Injury:	11/28/2012
Decision Date:	11/24/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/05/2015

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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 42 year old male, who sustained an industrial injury on 11-28-2012. He has reported subsequent low back and bilateral lower extremity pain and was diagnosed with herniated nucleus pulposus of the lumbar spine with severe stenosis and lumbar radiculopathy. MRI of the lumbar spine on 01-02-2013 was noted to show mild spondylosis resulting in moderate bilateral foraminal stenosis at L5-S1 and minimal spondylosis and small central disc protrusion but no significant stenosis at L4-L5. Treatment to date has included pain medication, physical therapy, 28 sessions of chiropractic therapy, lumbar epidural steroid injection (LESI) in 2013 and transforaminal epidural steroid injection (TFESI) of L4 and L5 in 07-10-2014. Advil and chiropractic therapy were noted to provide minimal relief, physical therapy provided no benefit and Ultracet was noted to provide moderate pain relief and increased activity levels. Epidural steroid injections were noted to provide significant pain relief according to the 08-13-2015 progress note, however in a previous 03-23-2015 pain management consult note, the physician indicated that the injured worker reported that the TFESI in 07-10-2014 caused burning pain into the bilateral legs. Electrodiagnostic studies of the lower extremities were ordered and performed on 04-16-2015 and were within normal limits with no evidence of focal nerve entrapment, lumbar radiculopathy of peripheral neuropathy. In a 05-20-2015 progress note, the injured worker reported continued low back aching and burning with radiation to the left lower extremity and into the foot that was rated as 6 out of 10. Objective findings showed tenderness to palpation over the lumbar paraspinals, decreased range of motion, decreased motor strength for the left EHL and left TA and positive straight leg at 50 degrees on the left. The plan

was for follow-up in 12 weeks, consult with interventional pain management and physical therapy. In a progress note dated 08-13-2015, the injured worker reported low back pain radiating to the left side of the low back that was rated as 4-5 out of 10 and radiation of shooting and aching pain down the left hip. Objective examination findings revealed tenderness to palpation over the lumbar midline and bilateral paraspinals, decreased range of motion of the lumbar spine in all planes and positive straight leg raise on the left at 50 degrees with reproduction of pain in the buttock and hamstring region. Work status was documented as permanent and stationary. The physician noted that the injured worker had clinical and radiographic evidence of right lumbar radiculopathy and had previously benefited from a lumbar epidural. The plan of care included follow up in 12 weeks, oral medication, follow up with pain management and TFESI of right L5 and S1. A request for authorization of transforaminal epidural steroid injection right L5 & S1, Ultracet 37.5 mg #30 and follow up appointment in 12 weeks was submitted. As per the 09-14-2015 utilization review, the aforementioned requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection Right L5 & S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Regarding the request for Transforaminal Epidural Steroid Injection Right L5 & S1, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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 documentation available for review, there is no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. As such, the currently requested Transforaminal Epidural Steroid Injection Right L5 & S1 is not medically necessary.

Ultracet 37.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Ultracet (tramadol/acetaminophen), California Pain Medical Treatment Guidelines state that Ultracet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the ultracet is improving the patient's function (in terms of specific examples of objective functional improvement). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultracet (tramadol/acetaminophen) is not medically necessary.

Follow up Appointment in 12 Weeks: Overturned

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 Official Disability Guidelines (ODG) Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for Follow up Appointment in 12 Weeks, California MTUS does not specifically address the issue. ODG cites that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. "The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Within the documentation available for review, it is noted that the patient is currently taking multiple medications that warrant reevaluation for efficacy and continued need. In light of the above issues, the currently requested Follow up Appointment in 12 Weeks is medically necessary.