

Case Number:	CM15-0195337		
Date Assigned:	10/09/2015	Date of Injury:	07/13/2010
Decision Date:	11/20/2015	UR Denial Date:	09/25/2015
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

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 49 year old male, who sustained an industrial injury on July 13, 2010. He reported increased soreness deep in the left anterior axilla. The injured worker was currently diagnosed as having lumbar spine strain, thoracic lumbosacral neuritis unspecified, radicular pain and foreign object left in body during surgical procedure. Treatment to date has included diagnostic studies, surgery, heat, ice, medication, cortisone injection, corset braces, exercise, physical therapy, chiropractic treatment and transcutaneous electronic nerves stimulation unit. Notes stated that the treatment modalities provided "limited relief." On August 20, 2015, the injured worker complained of left foot pain, back pain and bilateral anterior thigh pain, which was noted to be in both the L3 and L4 nerve root distributions in both the left and right side along with lower back spasm pain. The pain was rated an 8 on a 1-10 pain scale. He stated that the longer he stands and the longer he walks, the more increased his anterior thigh pain and lateral thigh pain become. He reported some numbness radiating down the legs and some numbness over the top of his toes. His primary foot pain was noted to be on the left leg at the toes. The treatment plan included L3-L4 and L4-L5 epidural steroid injections, possible anterior and posterior spinal fusion from L3-L5 level with instrumentation and a follow-up visit. On September 25, 2015, utilization review denied a request for bilateral lumbar L3-L4 transforaminal epidural steroid injection (TESI) under fluoroscopy and Prilosec 20mg #60. A request for Norco 10-325mg #170 and Naproxen Sodium 550mg #60 was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar, L3-L4, transforaminal epidural steroid injection (TESI), under fluoroscopy: Overturned

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

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) Low Back -Lumbar & Thoracic (Acute & Chronic) chapter under Epidural steroid injections.

Decision rationale: The 49 year old patient complains of low back pain and bilateral leg pain, rated at 8/10, as per progress report dated 08/22/15. The request is for bilateral lumbar, L3-L4, transforaminal epidural steroid injection (TESI), under fluoroscopy. There is no RFA for this case, and the patient's date of injury is 07/13/10. Diagnoses, as per progress report dated 08/22/15, included lumbar strain, thoracic and lumbosacral neuritis, active radicular pain, indwelling foreign body NOS, Obesity and Hypertension. Medications included Norco, Naproxen and Omeprazole. The patient is status post L3-4 and L4-5 hemilaminotomies and contralateral laminoplasty with epidural catheter for narcotic injection on 08/16/12, and status post L5-S1 decompression on 06/12/15, as per progress report dated 08/20/15. Diagnoses, as per progress report dated 07/22/15, included lumbago, cervicgia, chronic pain syndrome, pain in lower leg joint, and other pain disorders related to psychological factors. The patient is status post cervical fusion, as per this report. The patient is on modified work, as per progress report dated 08/22/15. The MTUS Chronic Pain Guidelines 2009 has the following regarding ESI under Epidural Steroid Injections (ESIs) section, page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESIs, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG guidelines, Low Back -Lumbar & Thoracic (Acute & Chronic) chapter under Epidural steroid injections (ESIs), therapeutic state: At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. In this case, the patient has not had "any epidural steroid injections since his previous surgeries," as per progress report dated 08/20/15. The treater does not mention when and at which level these prior injections were administered. Nonetheless, as per progress report dated 05/19/15, in which multiple past reports were reviewed, the patient received ESI at left L4,

L5 and S1 on 11/05/10 and 02/04/11. The patient also received a L5 ESI on 01/11/13. It does not appear that the patient has had an ESI at L3-L4 in the past. The patient complains of low back pain and bilateral anterior thigh pain along L3 and L4 nerve root distributions, as per progress report dated 08/20/15. Although straight leg raise is negative bilaterally, and there is no foraminal stenosis at L3-4, the treater states the patient "would benefit" from L3-4 injection. In progress report dated 08/22/15, the treater indicates that the patient is waiting for authorization of L3 ESI. Physical examination revealed tenderness to palpation at L4 with a normal neurologic exam. Nonetheless, MRI of the lumbar spine, dated 08/17/15, revealed epidural catheter and intra-spinal component with significant encroachment of existing nerve roots bilaterally at L3-4. CT scan of the lumbar spine, dated 08/11/15, revealed degenerative changes at L3-4 along with significant encroachment on exiting nerve roots at that level. Given the radicular pain and corroborating diagnostic evidence, the request for ESI appears reasonable and is medically necessary.

Prilosec 20 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The 49 year old patient complains of low back pain and bilateral leg pain, rated at 8/10, as per progress report dated 08/22/15. The request is for Prilosec 20 mg QTY 60. There is no RFA for this case, and the patient's date of injury is 07/13/10. Diagnoses, as per progress report dated 08/22/15, included lumbar strain, thoracic and lumbosacral neuritis, active radicular pain, indwelling foreign body NOS, Obesity and Hypertension. Medications included Norco, Naproxen and Omeprazole. The patient is status post L3-4 and L4-5 hemilaminotomies and contralateral laminoplasty with epidural catheter for narcotic injection on 08/16/12, and status post L5-S1 decompression on 06/12/15, as per progress report dated 08/20/15. Diagnoses, as per progress report dated 07/22/15, included lumbago, cervicgia, chronic pain syndrome, pain in lower leg joint, and other pain disorders related to psychological factors. The patient is status post cervical fusion, as per this report. The patient is on modified work, as per progress report dated 08/22/15. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 69, NSAIDs, GI symptoms & cardiovascular risk Section and Chronic Pain Medical Treatment Guidelines 2009 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, Prilosec is first noted in progress report dated 04/23/15. It is not clear when the PPI inhibitor was initiated. The patient is taking Naproxen. Prophylactic use of PPI is indicated by MTUS. However, the treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of peptic ulcers. In fact, as per progress report dated 08/22/15, the patient has "no upset stomach or side effects." Additionally, the patient is under 65 years of age and there is no indication of concurrent use of ASA, corticosteroids, and/or an anticoagulant. Given the lack of relevant documentation, the request is not medically necessary.