

Case Number:	CM15-0198240		
Date Assigned:	10/13/2015	Date of Injury:	11/11/2012
Decision Date:	12/01/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/08/2015

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, North Carolina
 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 38 year old male who sustained an industrial injury on 11-11-12. A review of the medical records indicates he is undergoing treatment for lumbar disc herniation L5-S1, facet arthritis of the lumbar region - L4-L5 bilateral, low back pain, lumbar radiculitis, lumbar degenerative disc disease, thoracic back pain, neck pain, thoracic disc pain, and cervical disc pain. Medical records (9-15-15) indicate ongoing complaints of neck, mid, and low back pain. The treating provider indicates that he underwent a thoracic epidural steroid injection on 5-5-15 and that the injured worker feels that he would be able to take less medication and be more active "if it was not for his low back pain." They physical exam reveals an antalgic gait. His lumbar strength is noted to be "5 out of 5" bilaterally in the lower extremities. Sensation is "intact but decreased in the left lower leg in L5-S1 dermatome." Tenderness is noted over the lumbar paraspinal muscles. Increased pain is noted with flexion. The straight leg raise test is positive on the left. Diagnostic studies have included x-rays of the thoracic and lumbosacral spine, and MRI of the lumbar spine, and bilateral lower extremity EMG-NCV study, showing L5 and S1 radiculitis. The treating provider indicates that a lumbar epidural steroid injection had been requested and denied due to "no documentation of radiculitis." The provider indicates that the EMG-NCV completed on 8-17-15 shows left L5 and S1 radiculitis. Treatment has included physical therapy, a home exercise program, an H-wave unit, a thoracic epidural steroid injection, and medications, including Tramadol, Percocet, Diclofenac, and Trazodone. The injured worker expressed that he "gets nausea with his medications" but feels he, overall, tolerates them. The treatment recommendations include a lumbar epidural steroid injection, continuation of medications, and prescriptions for Voltaren XR and Zofran. The utilization review (9-25-15) includes requests for authorization of left L5 and S1 transforaminal epidural steroid injection with fluoroscopic guidance and retrospective Zofran 8mg #10. Both requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5 and S1 transforaminal epidural steroid injection with fluoroscopic guidance:
Upheld

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 rationale: CA MTUS Guidelines state that epidural steroid injections (ESI) are recommended for radicular pain and radiculopathy after failure of conservative care. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, this is a request for a repeat ESI at the left L5, S1 levels. Repeat blocks should be based on continued objective documentation of pain relief and functional improvement, including at least 50% pain relief with an associated decreased medication usage for 6-8 weeks. This patient underwent an ESI on 8/18/2015 at the above levels. On 9/18/2015 pain was noted to be 7/10. Thus only four weeks have passed with little documented pain relief, so the criteria for a repeat ESI have not been met. The request is not medically necessary or appropriate.

Conscious sedation for transforaminal epidural steroid injection: Upheld

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 rationale: CA MTUS Guidelines state that ESI are recommended for radicular pain and radiculopathy after failure of conservative therapy. In this case, the request is for a repeat ESI at the same levels after only four weeks and with minimal pain relief. Criteria state that at least 6-8 weeks should elapse between injections with at least 50% pain relief and decrease in pain medication. None of these criteria have been met, so the request has been deemed not medically necessary or appropriate, so the accompanying request for conscious sedation is no longer necessary.

Retrospective Zofran 8mg (DOS: 09/15/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online - Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (antiemetics).

Decision rationale: CA MTUS Guidelines are silent on the use of Zofran. Zofran is an antiemetic which according to the ODG is not recommended for nausea and vomiting secondary to opioid use. In this case, Zofran is being prescribed for opioid-induced nausea. Nausea and vomiting are common side effects with the use of opioids. Side effects tend to diminish with use. Discontinuing the opioids should prevent opioid-induced nausea. Therefore, the request is not medically necessary or appropriate.