

Case Number:	CM15-0028162		
Date Assigned:	02/20/2015	Date of Injury:	10/17/2000
Decision Date:	03/31/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/13/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 59 year old male who sustained an industrial injury on October 17, 2000. He has reported low back pain and has been diagnosed with chronic low back pain, lumbar degenerative disc disease status post L4-L5 hemilaminectomy and discectomy with magnetic resonance imaging findings of degenerative disc disease at L1-L2 and L4-L5 disc bulging more prominent on the left at both levels causing neural foraminal narrowing, lumbosacral radiculopathy, thoracic strain, chronic cervicgia, and cervical degenerative disc disease and radiculopathy. Treatment has included TENS unit, epidural steroid injections, and medications. Currently the injured worker complains of cervical pain bilaterally with muscle spasm. Myofascial tension remains at 2+ in the paravertebral region. There was lumbosacral tenderness. The Treatment plan included medications and injections. On January 15, 2015 Utilization Review non certified 1 right sacroiliac ligament injection, 1 lumbar epidural steroid injection at L4-5, and 1 prescription of Exaigo 8 mg # 30 citing the MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right sacroiliac ligament joint injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: This 59 year old male has complained of low back pain since date of injury 10/17/00. He has been treated with a TENS unit, epidural steroid injections, lumbar spine surgery, physical therapy and medications. The current request is for a right sacroiliac joint injection. Per the MTUS citation listed above, invasive techniques in the treatment of back pain, to include local injections of lidocaine, steroid or both are of questionable benefit and offer no significant long term functional benefit. On the basis of the MTUS guidelines, 1 right sacroiliac joint injection is not indicated as medically necessary.

1 Lumbar epidural steroid injection at L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: This 59 year old male has complained of low back pain since date of injury 10/17/00. He has been treated with a TENS unit, epidural steroid injections, lumbar spine surgery, physical therapy and medications. The current request is for a lumbar epidural steroid injection at L4-5. Per the MTUS guideline cited above, the following criteria must be met for an epidural steroid injection to be considered medically necessary: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants) 3) Injections should be performed using fluoroscopy (live x-ray) for guidance 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a “series-of-three” injections in either the diagnostic or therapeutic phase. The available medical records do not include documentation that meet criteria (7) above. Specifically, there was no documentation of at least 50% pain relief with associated reduction of medication use for six to eight weeks after the previous injections. On the basis of the above MTUS guidelines and available provider documentation, 1 lumbar epidural steroid injection at L4-5 is not indicated as medically necessary.

Exalgo 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 59 year old male has complained of low back pain since date of injury 10/17/00. He has been treated with a TENS unit, epidural steroid injections, lumbar spine surgery, physical therapy and medications to include opioids since at least 06/2012. The current request is for Exalgo. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Exalgo is not indicated as medically necessary.