MAXIMUS Federal Services

Case Number:	CM15-0030818		
Date Assigned:	02/24/2015	Date of Injury:	11/06/2006
Decision Date:	04/09/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/19/2015

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 53 year old male, who sustained an industrial injury on November 6, 2006. He has reported low back and right knee pain. The diagnoses have included status post medial/lateral meniscectomies, left knee arthroscopy, severe lumbar canal stenosis and depression. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left knee, conservative therapies, pain medications and work restrictions. Currently, the Injured Worker complains of chronic low back pain and right knee pain. The injured worker reported an industrial injury in 2006, resulting in the above pain. It was noted he was treated conservatively and surgically without resolution of the chronic low back and knee pain. Evaluation on May 12, 2014, revealed continued pain. It was noted he unfortunately fell from a ladder and aggravated the left knee again. Evaluation on January 22, 2015, revealed chronic back and knee pain. It was noted he could not tolerate the Butran's patch secondary to nausea and vomiting with use of the patch. On February 12, 2015, Utilization Review non-certified a Vicodin 5/300mg #90 and a bilateral lumbar 5 transforaminal epidural injection under fluoroscopy, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 19, 2015, the injured worker submitted an application for IMR for review of requested Vicodin 5/300mg #90 and a bilateral lumbar 5 transforaminal epidural injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with chronic low back pain and right knee pain rated 8-9/10. The request is for VICODIN 5/300MG #90. The RFA provided is dated 01/30/15. Patient's diagnosis included status post medial/lateral meniscectomies, left knee arthroscopy, severe lumbar canal stenosis and depression. The patient has reached a permanent and stationary state as of 10/23/13 and is currently retired. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's, analgesia, ADLs, adverse side effects, and adverse behavior--, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines page 90 also states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours". The prescription for Vicodin was first mentioned in the progress report dated 08/21/14 and the patient has been using it consistently at least since then. In regards to the request for Vicodin, treater has not provided adequate documentation of medication efficacy to continue this medication. There are no pain scales or validated instruments to demonstrate analgesia and no functional improvements verified by specific ADLs. The 4A's are not specifically addressed including discussions regarding aberrant drug behavior, UDS's, opioid pain agreement, or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

1 bilateral L5 transforaminal epidural injection under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with chronic low back pain and right knee pain rated 8-9/10. The request is for1 BILATERAL L5 TRANSFORAMINAL EPIDURAL INJECTION UNDER FLUOROSCOPY. The RFA provided is dated 01/30/15. Patient's diagnosis included status post medial/lateral meniscectomies, left knee arthroscopy, severe lumbar canal stenosis and depression. The patient has reached a permanent and stationary state as of 10/23/13 and is currently retired. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3)

Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." 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. Per the progress report dated 12/18/14 there is evidence for severe canal stenosis at L4-L5 and mild at L3-L4 confirmed by an MRI study. The medical records provided did not show a prior lumbar ESI. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there is no clear description of the subjective radicular complaints and the provided medical reports do not show evidence of a clear diagnosis of radiculopathy, with positive physical examination. Therefore, the request IS NOT medically necessary

1 Anesthesiologist (MAC): Upheld

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 chapter 'Pain (Chronic)' and topic 'Epidural Steroid Injections (ESIs).

Decision rationale: The patient presents with chronic low back pain and right knee pain rated 8-9/10. The request is for 1 ANESTHESIOLOGIST (MAC). The RFA provided is dated 01/30/15. Patient's diagnosis included status post medial/lateral meniscectomies, left knee arthroscopy, severe lumbar canal stenosis and depression. The patient has reached a permanent and stationary state as of 10/23/13 and is currently retired. ODG guidelines, chapter 'Pain (Chronic)' and topic 'Epidural Steroid Injections (ESIs)', state "sedation is not generally necessary for an ESI but is not contraindicated. As far as monitored anesthesia care (MAC) administered by someone besides the surgeon, there should be evidence of a pre-anesthetic exam and evaluation, prescription of anesthesia care, completion of the record, administration of medication and provision of post-op care. Supervision services provided by the operating physician are considered part of the surgical service provided". In this case, since the ESI is not indicated, the monitored anesthetic care IS NOT medically necessary as well.

Follow up visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient presents with chronic low back pain and right knee pain rated 8-9/10. The request is for FOLLOW UP VISITS. The RFA provided is dated 01/30/15. Patient's diagnosis included status post medial/lateral meniscectomies, left knee arthroscopy, severe lumbar canal stenosis and depression. The patient has reached a permanent and stationary state as of 10/23/13 and is currently retired. ACOEM Practice Guidelines 2nd edition (2004) page 127 state the following, "Occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise". The treater is asking the patient to "return to clinic in one month or sooner if injections are authorize". Since the ESI is not indicated, the follow-up appears not reasonable. The requested follow-up visit IS NOT medically necessary.