

Case Number:	CM15-0036339		
Date Assigned:	03/04/2015	Date of Injury:	04/21/2005
Decision Date:	04/08/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/26/2015

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 37 year old male, who sustained an industrial injury on 04/21/2005. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include pain in joint of lower leg and reflex sympathetic dystrophy of the lower limb. Treatment to date has included medication regimen, physical therapy, and exercises. In a progress note dated 01/26/2015 the treating provider reports complaints of low back pain and right lower extremity pain along with complaints of a burning sensation to the right foot. The pain is rated an eight on a scale of one to ten with pain medication and a ten on a scale of one to ten without pain medication. The treating physician requested for the injured worker to continue Oxycodone for breakthrough pain and requested a right lumbar five to sacral one and sacral one to sacral two transforaminal lumbar epidural noting that the injured worker has failed conservative treatments. On 02/09/2015 Utilization Review modified the requested treatment of an unknown prescription of Oxycodone to Oxycodone 15mg with a quantity of 120 between the dates of 01/26/2015 and 04/06/2015 and non-certified the requested treatment of right lumbar five to sacral one and sacral one to sacral two transforaminal lumbar epidural between the dates of 01/26/2015 and 04/06/2015, noting the California Chronic Pain Medical Treatment Guidelines (May 2009).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right L5-S1 and S1-S2 transforaminal lumbar epidural: 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 37 year old male has complained of low back pain since date of injury 4/21/05. He has been treated with lumbar spine surgery, physical therapy and medications. The current request is for 1 right L5-S1 and S1-S2 transforaminal lumbar epidural steroid injection. Per the MTUS guidelines cited above epidural corticosteroid injections are recommended as an option for the treatment of radicular pain when the specific following criteria are met: 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. We recommend no more than 2 ESI injections. The available medical records do not include documentation that criteria (1) above has been met. Specifically, the available provider notes do not document evidence of radiculopathy by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. On the basis of the MTUS guidelines, 1 right L5-S1 and S1-S2 transforaminal lumbar epidural steroid injection is not indicated as medically necessary.

Unknown prescription of Oxycodone: Upheld

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

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

Decision rationale: This 37 year old male has complained of low back pain since date of injury 4/21/05. He has been treated with lumbar spine surgery, physical therapy and medications to include opioids since at least 11/2012. 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, Oxycodone is not indicated as medically necessary.