

Case Number:	CM15-0043681		
Date Assigned:	03/13/2015	Date of Injury:	10/05/2001
Decision Date:	04/23/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/09/2015

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 59 year old male, who sustained an industrial injury on 10/05/2001. He reported that while climbing down a ladder from a scaffold he slipped grabbing a railing with his left hand and struck his back against the railing causing injury to the neck, upper and lower back, and right shoulder. The injured worker was diagnosed as having chronic light right shoulder pain with evidence of a Type II superior labrum anterior and posterior lesion, chronic cervical strain, chronic lumbar strain, right lumbar five chronic radiculopathy, chronic opioid use with inconsistent urine screen results, chronic secondary depression, and profound deconditioning. Treatment to date has included laboratory studies, physical modalities not specified, medication regimen, x-rays, magnetic resonance imaging, electromyogram of the lower extremity, injection treatment unspecified, and status post right shoulder surgery times two. In an initial pain management evaluation dated 12/11/2014 the treating provider reports sharp neck pain that radiates to the head and right shoulder, sharp upper back pain, sharp low back pain that radiates to the right knee, and sharp right shoulder pain that radiates to the right five fingers. The injured worker also has associated symptoms of head and teeth pain. The treating physician requested a right lumbar epidural block for lumbar radiculopathy and to assist in weaning the injured worker off of all oral opioids. The treating physician also requested pain medication with the medications unspecified, but noted that because the injured worker was chronically taking multiple opioid medications there is concern these medication cannot all be discontinued at once due to opioid withdrawal symptoms. The treating physician noted that the injured worker would continue on Fentanyl transdermally, and will request a change from Hydrocodone to Tramadol

and from Flexeril to Orphenadrine. The physician also listed the medication of Pantoprazole and Flurbiprofen Cream on this initial evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection Lumbar Epidural Block: Overturned

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

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

Decision rationale: Based on the 12/11/14 progress report, the patient presents with sharp neck pain that radiates to the head and right shoulder, sharp upper back pain, sharp low back pain that radiates to the right knee, and sharp right shoulder pain that radiates to the right five fingers. The request is for Injection Lumbar Epidural Block. The RFA provided is dated 02/02/15 and the date of injury is 10/05/01. Per provider report 01/15/15, patient's diagnoses included chronic cervical strain, chronic lumbar strain, chronic cervical radiculopathy, chronic secondary depression, right shoulder pain of a type II SLAP lesion. Physical examination to the lower extremity revealed a breakaway weakness in all levels. Deep tendon reflexes decreased at knees and ankles. Straight Leg Raise Test negative on the left but positive on the right. The 12/11/14 report states a prior MRI of the lumbar spine shows a mild facet hypertrophy at the lower end of the lumbar spine. The same report states a prior EMG of the lower extremities revealed chronic right L5 lumbar radiculopathy. Current medications per 01/14/15 report, includes Gabapentin, Orphenadrine and Fentanyl patches. The patient's work status is unavailable. MTUS Chronic Pain Treatment Guidelines, section on Epidural Steroid Injections (ESIs) page 46 states these are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The MTUS Criteria for the use of Epidural steroid injections states: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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 RFA 02/02/15, provider requests for "bilateral L5-S1 lumbar spinal epidural block." MTUS guideline states radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the patient underwent an electrodiagnostic exam that revealed chronic L5 radiculopathy and reports radicular symptoms radiating to the right knee. There is no documentation of a prior ESI in the provided reports. Therefore, the request for an epidural steroid injection to L5-S1 is medically necessary.

Pain medication (medication unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints, Medications for Chronic Pain Page(s): 8, 9 and 60.

Decision rationale: Based on the 12/11/14 progress report, the patient presents with sharp neck pain that radiates to the head and right shoulder, sharp upper back pain, sharp low back pain that radiates to the right knee, and sharp right shoulder pain that radiates to the right five fingers. The request is for Pain Medication (medication unspecified). The RFA provided is dated 02/02/15 and the date of injury is 10/05/01. Per provider report 01/15/15, patient's diagnoses included chronic cervical strain, chronic lumbar strain, chronic cervical radiculopathy, chronic secondary depression, right shoulder pain of a type II SLAP lesion. Physical examination to the lower extremity revealed a breakaway weakness in all levels. Deep tendon reflexes decreased at knees and ankles. Straight leg raise test negative on the left but positive on the right. The 12/11/14 report states a prior MRI of the lumbar spine shows a mild facet hypertrophy at the lower end of the lumbar spine. The same report states a prior EMG of the lower extremities revealed chronic right L5 lumbar radiculopathy. Current medications per 01/14/15 report includes, Gabapentin, Orphenadrine and Fentanyl patches. The patient's work status is unavailable. MTUS page 8 requires physician monitoring of the patient's progress with appropriate recommendations. Page 60 MTUS require recording of pain and function when medications are used for chronic pain. In this case, a specific guideline cannot be cited because the requested service was not described in sufficient detail. In order to select the relevant guideline, the requested service must refer to a specific treatment, including the ingredients of the requested medications. The request in this case was too generic and might conceivably refer to any number of medical conditions and guideline citations. The request is not medically necessary.