

Case Number:	CM15-0055484		
Date Assigned:	03/30/2015	Date of Injury:	04/01/2004
Decision Date:	05/07/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/23/2015

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 54 year old male who sustained an industrial injury on 04/01/2004. Diagnoses include chronic pain syndrome, sprain/strain of the lumbar region, lumbar degenerative disc disease and lumbar disc displacement. Treatment to date has included diagnostic studies, medications, physical therapy, epidural steroid injections, status post L4-L6 lumbar laminectomy and fusion, lumbar back brace, psychological evaluation, and home exercise program. A physician progress note dated 01/27/2015 documents the injured worker has pain in the lower back that radiates down to both legs. Pain is constant and has a numbing sensation. Medication helps with the pain and pain is rated a 4 out of 10 with medications, and would be 9 out of 10 without medications. He has moderate tenderness to palpation bilateral lumbar paraspinous musculature with a positive twitch response, positive straight leg raise bilaterally in L4 distribution. He has an unsteady gait and walks with crutches. Treatment plan is for continuation of medications, continue use of lumbar spine brace, appeal spinal cord stimulator trial, transforaminal epidural steroid injection, and follow up in one month. Treatment requested is for 1 Bilateral L4-L5 Transforaminal ESI, 1 Trial of Spinal Cord Stimulation, and Keflex 500mg, #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral L4-L5 Transforaminal ESI: Overturned

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

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

Decision rationale: The patient was injured on 04/01/04 and presents with pain in the lower back which radiates down both legs. The request is for 1 BILATERAL L4-L5 TRANSFORAMINAL ESI for treatment of lumbar radiculopathy. The utilization review denial letter rationale is that "the patient was responsive to conservative treatment, demonstrating reductions in his pain levels, and he has maintained his levels of functional improvement." The RFA is dated 02/18/15 and the patient's work status is not provided. Review of the reports provided does not indicate if the patient had a prior ESI of the lumbar spine. In regards to epidural steroid injections, MTUS Chronic Pain Medical Treatment Guidelines page 46-47 has the following criteria under its chronic pain section: "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 used for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The reports provided do not indicate if the patient had a prior ESI of the lumbar spine. He has low back pain which radiates down both legs. The patient has tenderness to palpation along the bilateral lumbar paraspinal musculature with positive twitch response, a positive straight leg raise bilaterally in L4 distribution, LSO brace in place, unsteady gait, ambulates with crutches, and a positive straight leg raise on the right at 30-45 degrees in L5 distribution. He is diagnosed with lumbar sprain/strain, lumbar DDD, and lumbar disc displacement. The 04/19/13 MRI of the lumbar spine found disc material likely mildly contacting the exiting left L5 ganglion and L4-L5 left neural foraminal narrowing. Given the patient's clear radicular symptoms, exam findings, and MRI findings, a trial of Lumbar ESI appears reasonable. The request is medically necessary.

1 Trial of Spinal Cord Stimulation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulation Page(s): 105-107.

Decision rationale: The patient was injured on 04/01/04 and presents with pain in the lower back which radiates down both legs. The request is for 1 TRIAL OF SPINAL CORD STIMULATION. The RFA is dated 02/18/15 and the patient's work status is not provided. Under spinal cord stimulation MTUS Guidelines page 105 to 107 states, "recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated for specific conditions and following a successful temporary trial." Indications are failed back

syndrome, CRPS, post-amputation pain, spinal cord injury, post herpetic neuralgia pain associated with multiple sclerosis and vascular problems. The 01/27/15 report states that the SCS trial is the patient's "best option to get patient off of narcotics and improve patient's function long term." In this case, the patient does not meet the criteria recommended by MTUS. While the patient presents with chronic radicular pains, the patient does not present with failed back syndrome or any other diagnosis for which SCS trial would be indicated. The request is not medically necessary.

Keflex 500mg, #40: 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 www.guidelines.gov, the National Guideline Clearinghouse.

Decision rationale: The patient was injured on 04/01/04 and presents with pain in the lower back which radiates down both legs. The request is for KEFLEX 500 MG #40. The RFA is dated 02/18/15 and the patient's work status is not provided. It appears that this is the initial trial of Keflex. According to www.guidelines.gov, the National Guideline Clearinghouse, "Antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials. Strength of evidence against prophylaxis = C. If the potential for implantation of foreign materials is unknown, the procedure should be treated as with implantation." The MTUS, ACOEM, and ODG Guidelines are silent on the prophylactic use of antibiotics. However, the National Guideline Clearinghouse does not recommend its use for clean, orthopedic procedures without instrumentation or implantation of foreign materials. Furthermore, there is nothing in the records provided to indicate that surgery has been authorized. Therefore, the current request is not medically necessary.