

Case Number:	CM15-0056146		
Date Assigned:	04/01/2015	Date of Injury:	03/13/2012
Decision Date:	05/15/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/24/2015

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, Arizona

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 52-year-old male who reported an injury on 03/03/2012. The mechanism of injury was the injured worker was in the back of a truck getting ready to cut a branch with a saw when the supervisor backed the truck up and the branch got caught into the tailgate of the truck and hit the injured worker's low back. There were no prior surgeries. The injured worker underwent an EMG/NCV of the bilateral lower extremities, which revealed no electrodiagnostic evidence of polyneuropathy or myopathy. There was no evidence of lumbosacral radiculopathy. The documentation of 02/17/2015 revealed the injured worker had pain in the lumbar spine radiating to the lower extremities. The physical examination revealed decreased range of motion. The injured worker had a straight leg raise on the left at 35 degrees with pain in the low back. The injured worker had 5/5 strength in the bilateral lower extremities. Sensation was decreased in the left at L5. The knee jerk and ankle jerk reflexes were 1+. The physician documented the MRI of the lumbar spine on 01/23/2015 revealed a 3 mm disc bulge and moderate facet arthropathy at L4-5 and mild to moderate and bilateral inferior foraminal stenosis at L4-5. There was a 4 to 5 mm disc protrusion with annular tear at L5-S1 with moderate to severe facet arthropathy. There was significant inferior foraminal bulging of the disc contributing to moderate to severe right and moderate left foraminal stenosis. The diagnoses included lumbar disc protrusions at L4-S1 and lumbar radiculitis. The treatment plan included lumbar epidural steroid injections at L4-5 and L5-S1 with IV sedation. Prior treatments included physical therapy, medications, and home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection at L4-5 with IV sedation/monitored anesthesia care and fluoroscopy Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 45.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Epidural, Sedation.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend epidural steroid injections when there is documentation of objective findings upon examination of radiculopathy that are corroborated by electrodiagnostic or imaging studies. There should be documentation of a failure of conservative care, including exercise, physical medicine, NSAIDs, and muscle relaxants. These examinations are performed under fluoroscopy. The referenced guidelines do not, however, address sedation. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that sedation is appropriate for injured workers who have documented issues of extreme anxiety. The clinical documentation submitted for review failed to provide documentation of a failure of conservative care. There were objective findings upon examination to support the level of L5. The electrodiagnostic studies failed to indicate the injured worker had radiculopathy at the requested levels. The most recent MRI was noted to be dated 01/23/2015. The MRI was not provided for review. As such, there was a lack of objective imaging studies with evidence of radiculopathy. There was a lack of documentation indicating the injured worker had extreme anxiety to support the use of sedation. Given the above, the request for lumbar epidural injection at L4-5 with IV sedation/monitored anesthesia care and fluoroscopy, quantity 1 is not medically necessary.

Lumbar epidural injection at L5-S1 with IV sedation/monitored anesthesia care and fluoroscopy Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 45.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Epidural, Sedation.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend epidural steroid injections when there is documentation of objective findings upon examination of radiculopathy that are corroborated by electrodiagnostic or imaging studies. There should be documentation of a failure of conservative care, including exercise, physical medicine, NSAIDs, and muscle relaxants. These examinations are performed under fluoroscopy. The referenced guidelines do not, however, address sedation. As such, secondary guidelines

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Retrospective Tramadol 150mg (Dispensed on 02/17/15) Qty: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review failed to provide documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behaviors and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for retrospective tramadol 150 mg (dispensed on 02/17/15), quantity 30 is not medically necessary.

Retrospective Flexeril 7.5mg (Dispensed on 02/17/15) Qty: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional improvement. There was a lack of documentation of exceptional factors to support the use past the recommended 3 weeks. The request as submitted failed to indicate the frequency. Given the above, the request for retrospective Flexeril 7.5 (dispensed on 02/17/15), quantity 90 is not medically necessary.

