MAXIMUS Federal Services

Case Number:	CM15-0057854		
Date Assigned:	04/02/2015	Date of Injury:	06/28/2011
Decision Date:	05/08/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/26/2015

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: 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 51-year-old female who sustained an industrial injury on 6/28/11. The injured worker reported symptoms in the back, neck and bilateral hands and feet. The injured worker was diagnosed as having status post right trigger thumb release, status post left thumb trigger thumb release, rule out carpal tunnel syndrome bilateral hands, bilateral lateral epicondylitis, low back pain, radiculitis left lower extremity/neuropathic pain, and bilateral plantar fasciitis. Treatments to date have included nonsteroidal anti-inflammatory drugs, proton pump inhibitor, and acupuncture treatment. Currently, the injured worker complains of pain in the back, neck and bilateral hands and feet. The plan of care was for epidural steroid injection, medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine Surgery Referral: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 127.

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 low back pain radiating to the bilateral legs. The physician is requesting a spine surgery referral. The RFA was not made available for review. The patient's date of injury is from 06/28/2011 and she is currently permanent and stationary. The ACOEM Guidelines Chapter 7 page 127 states that a health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain and course of care my benefit from additional expertise. The 02/17/2015 progress report shows that the patient complains of low back pain at a rate of 4/10 to 5/10 that is described as dull, achy intermittent pain radiating down both legs, right side greater than the left. There is tenderness upon palpation along the L4 and L5 spinous process with radiation of pain down the right leg. Straight leg raise is positive on the right. The physician referenced an MRI of the lumbar spine from 10/29/2011 that showed mild central canal stenosis at L4-L5 and minimal central canal stenosis at L3-L4, multilevel bilateral facet arthropathy L3-L4 through L5-S1 with incidental right-sided L4-L5 intraspinal synovial cyst embedded within the right side of thickening ligamentum flavum, minimal bilateral L4-L5 neuroforaminal stenosis present. In this case, given the patient's significant clinical symptoms, consultation with a spine surgeon is appropriate to determine whether or not surgery is an option. The request is medically necessary.

L4-L5 Interlaminar Epidural Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The patient presents with low back pain radiating to the bilateral legs. The physician is requesting L4-L5 interlaminar epidural steroid injection. The RFA was not made available for review. The patient's date of injury is from 06/28/2011 and she is currently permanent and stationary. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. The records do not show any previous epidural steroid injection to lumbar spine. The 02/17/2015 progress report shows that the patient complains of low back pain radiating to the bilateral legs right side greater than the left without any numbness or tingling. There is tenderness to palpation along the L4-L5 and spinous process with radiation down the right leg. Straight leg raise is positive on the right. The MRI of the lumbar spine from 10/29/2011 shows mild central canal stenosis at L4-L5 and minimal central canal stenosis at L3-L4, multilevel bilateral facet arthropathy L3-L4 through L5-S1 with incidental right-sided L4-L5 intraspinal synovial cyst imbedded with the right side of thickening ligamentum flavum, minimal bilateral L4-L5 neuroforaminal stenosis present. Given the patient's significant clinical findings supported by the MRI results, the request is medically necessary.

Melatonin 2mg, one tab PO QHS: 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, Mental/stress chapter, Melatonin.

Decision rationale: The patient presents with low back pain radiating to the bilateral legs. The physician is requesting Melatonin 2 mg 1 tablet p.o. q.h.s. The RFA was not made available for review. The patient's date of injury is from 06/20/2011 and she is currently permanent and stationary. The MTUS and ACOEM Guidelines do not address this request. However, the ODG Guidelines under the mental/stress chapter on melatonin states that it is recommended as an option where melatonin is recommended in treating sleep disorder post-TBI. It is recommended for delayed sleep phase syndrome and rapid eye movement sleep behavior disorders. Melatonin appears to reduce sleep onset latency to a greater extent in people with delayed sleep phase syndrome than in people with insomnia. The records show that the patient was prescribed melatonin prior to 02/17/2015. The 02/17/2015 progress report notes that the patient has been utilizing melatonin, which helps with her sleep. She currently sleeps approximately 3 hours at a time. In this case, while the patient reports benefit from Melatonin, the current request for an unlimited amount of melatonin is not supported by the guidelines. The request is not medically necessary.