

Case Number:	CM15-0064233		
Date Assigned:	05/20/2015	Date of Injury:	06/22/2006
Decision Date:	07/03/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	04/03/2015

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, Pain Management, Occupational Medicine

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 (IW) is a 58 year old male who sustained an industrial injury on 06/22/2006. He reported pain in the lower back, arms and neck . The injured worker was diagnosed as having degeneration of the cervical intervertebral disc, lumbar disc displacement, cervical disc displacement, cervical radiculitis, low back pain, lumbar radiculopathy, postlaminectomy syndrome of lumbar region, and insomnia. Treatment to date has included x-rays, MRI, CT scans, surgery, physical therapy, and medications. Currently, the injured worker complains of midline low back pain that is described as a constant heavy pressure that increases with prolonged standing and laying down making it difficult to sleep. He denies sleep walking, sleep apnea, nightmares, hallucination, depression or chronic fatigue. The back pain radiates to the left lower extremity causing mild weakness, mild numbness, and tingling. There is no gait instability, heaviness, edema or foot drop. The pain level is an 8/10. He also complains of pain in the neck and left shoulder with headaches, arm numbness and paresthesia in the hand. A cervical epidural steroid in October (10/11) has decreased the pain. The neck pain is dull and burning and he has taken narcotics and anti-inflammatories for this issue. Ice has also been used on the affected area. The objective findings are that the worker has a normal gait, he can heel and toe walk without difficulty. There is 2+ paralumbar spasm and tenderness to palpation on the right. Atrophy is present in the quadriceps. Range of motion of the spine is limited secondary to pain. Lower extremity deep tendon reflexes are absent at the knees. Motor strength of the extremities

measures 5/5 in all groups bilaterally and sensation is intact through all dermatomes. Upper extremity exam shows no motor or sensory deficits. There is full range of motion of elbow, wrist and hand. Stability tests are all negative. Active forward flexion is 140 degrees. Range of motion is full on internal and external rotation. Grip strength is 5/5. There is restricted range of motion of the cervical spine in forward flexion, backward extension, right lateral tilt, left lateral tilt, right rotation, and left rotation. The treatment plan is for 1 L5-S1 lumbar steroid injection, 1 epidurography, 1 Monitored anesthesia care, Xanax 1mg #60, and Norco 10/325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 L5-S1 lumbar steroid injection: 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: MTUS 2009 states that epidural steroid injections are an option to treat radicular symptoms with corroborative physical findings. The most recent electrodiagnostic study found no evidence of a pinched nerve in the back. The patient has reportedly undergone a spinal fusion. The patient's condition is permanent and stationary and his reported pain is similar to that described in his P&S report. Therefore, there is no indication that his current condition is significantly worse than his baseline. Based upon the lack of physical evidence of a pinched nerve in the back and the lack of meaningful change from his baseline coverage, this request for an epidural steroid injection is not medically necessary.

1 epidurography: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mild.

Decision rationale: ODG states that epidurograms are used to monitor the area of compression with minimally invasive lumbar decompression. Epidurograms can also be used to monitor for the presence of adhesions while performing epidural steroid injections. The patient has a history of surgery and therefore epidurogram would be appropriate. However, since the injection has been considered medically unnecessary, the epidurogram is medically unnecessary as well.

1 Monitored anesthesia care: 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 (ODG) Epidural Steroid Injection.

Decision rationale: ODG doesn't mention the use of monitored anesthesia care while performing an epidural steroid injection. There are no specific indications for anesthesia in this case. Monitored anesthesia is not routine for a lumbar epidural steroid injection and no supporting information is provided for the request. The epidural steroid injection is not medically necessary and the monitored anesthesia is also not medically necessary.

Xanax 1mg #60: 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 Benzodiazepines Page(s): 24.

Decision rationale: MTUS 2009 recommends against the sustained use of benzodiazepines due to the risk of dependence and lack of efficacy. Benzodiazepines have not proven effective in this case which is consistent with guideline recommendations. Therefore, this request for Xanax is not medically necessary.