

Case Number:	CM15-0068481		
Date Assigned:	04/16/2015	Date of Injury:	08/23/2005
Decision Date:	07/09/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/10/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 is a 48 year old female, who sustained an industrial injury on August 23, 2005. She reported an injury to her back. Treatment to date has included MRI of the lumbar spine, lumbar spine surgery, physical therapy, medications, heat/ice therapy, acupuncture, chiropractic therapy and home exercise program. Currently, the injured worker complains of low back pain with radiation of pain to the left leg. She describes the pain as throbbing, aching, tingling, numbing and dull. Associated symptoms include muscle spasms. Diagnoses associated with lumbosacral neuritis radiculitis and chronic pain syndrome. Her treatment plan includes epidural steroid injection of L4-5 and L5-S1 Celebrex, Lyrica, Medrol, Oxycodone and Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Guidelines recommend for repeat lumbar epidural steroid injection, that there must be continued documented pain and functional improvement including at least 50% pain relief with reduction in medication use for 6-8 weeks. In this case, the patient has had 50% reduction in pain but it is not documented for how long and there is no documentation of functional improvement or reduction in medication use. The request for repeat lumbar epidural steroid L4-L5 is not medically appropriate or necessary.

Lumbar epidural steroid injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Guidelines recommend for repeat lumbar epidural steroid injection, that there must be continued documented pain and functional improvement including at least 50% pain relief with reduction in medication use for 6-8 weeks. In this case, the patient has had 50% reduction in pain but it is not documented for how long and there is no documentation of functional improvement or reduction in medication use. The request for repeat lumbar epidural steroid L5-S1 is not medically appropriate or necessary.

Medrol (Pak) 4 mg, 21 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: Guidelines state that there is extremely limited evidence to support use of corticosteroids for acute radicular pain. In this case, the patient has chronic low back pain with radicular symptoms since 2005. The request for a Medrol dose pack is not medically appropriate and necessary.

Oxycodone HCL 10 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Guidelines concerning patients on chronic opioids recommend ongoing documentation of current risk assessment profile, attempt at weaning, ongoing efficacy, and an updated and signed pain contract. In this case, there is no objective evidence of functional improvement and no documentation of reduction in pain scores with opioid use. The request for oxycodone 10 mg #120 is not medically necessary and appropriate.

Oxycontin 10 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Guidelines concerning patients on chronic opioids recommend ongoing documentation of current risk assessment profile, attempt at weaning, ongoing efficacy, and an updated and signed pain contract. In this case, there is no objective evidence of functional improvement and no documentation of reduction in pain scores with opioid use. The request for oxycontin 10 mg #60 is not medically necessary and appropriate.

Back Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Guidelines state that bracing is not recommended for prevention and there is strong evidence that lumbar supports are not effective in preventing neck and back pain. In this case, the patient has chronic back pain. The request for back brace is not medically appropriate and necessary.