

Case Number:	CM15-0086401		
Date Assigned:	05/08/2015	Date of Injury:	04/09/2001
Decision Date:	07/09/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	05/05/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 58 year old female who sustained an industrial injury on 04/09/2001 when moving a heavy box and twisting her back. The injured worker was diagnosed with post lumbar laminectomy syndrome, lumbar/lumbosacral degenerative disc disease, lumbosacral neuritis and coccydynia. The injured worker is status post multiple lumbar spine surgical interventions in 2001, 2005, 2007, 2011 (L4-L5 fusion) and the most recent a right L3-L4 and L1-L2 laminectomy, medial facetectomy, foraminotomy and calcified microdiscectomy on October 3, 2014. Treatment to date includes diagnostic testing, surgeries, physical therapy, pain management, heat/ice therapy, spinal cord stimulator (SCS) trial, epidural steroid injections, Toradol intramuscularly, aqua therapy and medications. According to the primary treating physician's progress report on March 31, 2015, the injured worker continues to experience back pain and new pain in her thigh muscles. She also reports increased right foot and bilateral leg pain. The injured worker is currently enrolled in water therapy and ambulating daily. The injured worker rates her pain level at 10/10 without medications and 9/10 at present. She ambulates with assistive devices. The injured worker is requesting a prescription for Oxycodone for breakthrough pain. Examination of the lumbar spine demonstrated tenderness to palpation over the bilateral lumbar facets, bilateral thoracic facets, bilateral lumbosacral region and coccyx region, bilateral paravertebral muscle spasm and bilateral sacroiliac (SI) joint pain. There is decreased range of motion in all planes. Current medications are listed as Duragesic Patch 50mcg/hour, Lyrica, Cymbalta, Mobic, Zofran, Amitiza, Prilosec and Docusate. Treatment plan

consists of the current request for bilateral L4 nerve root block, 12 aquatic therapy sessions, thigh high compression stockings, Oxycodone and Toradol intramuscularly.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) thigh high compression stockings: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), Compression Garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Compression Stockings.

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Compression Stockings. Guidelines state the following: recommended for the management of telangiectasia after sclerotherapy, and the prevention of edema and lymphedema. There is inconsistent evidence for the use of stockings in preventing post-thrombotic syndrome. The clinical documents state that the patient does not fit the above criteria. According to the clinical documentation provided and current guidelines; Compression Stockings are not medically necessary to the patient at this time.

Twelve (12) aquatic therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 (2007), page 78, 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: The patient has completed an undocumented amount of therapy already. The above request would also exceed the current amount of sessions that is recommended. There is no documentation stating why an independent home exercise program or land based therapy would be insufficient to address any remaining deficits at this time. According to the clinical documentation provided and current MTUS guidelines; Aquatic therapy is not medically necessary to the patient at this time.

One (1) prescription of Oxycodone 5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is no clear functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. This is not an as needed medication. According to the clinical documentation provided and current MTUS guidelines; oxycodone, as written above, is not medically necessary to the patient at this time.

One (1) injection of Toradol 60mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-73.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Toradol. MTUS guidelines state that Toradol is not recommended for chronic pain conditions. According to the clinical documentation provided and current MTUS guidelines; Toradol is not medically necessary to the patient at this time.

One (1) L4 bilateral nerve root block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for an epidural injection. MTUS guidelines state the following: Recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. The patient has undergone two previous injections, with not much relief. Guidelines state a repeat injection should only be offered if there is at least a 50-70% improvement for 6-8 weeks following the previous injection. The patient does not meet the current criteria at this time. According to the clinical documentation provided and current MTUS guidelines; an epidural injection, as stated above, is not medically necessary to the patient at this time.