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| Case Number: | CM15-0086889 | | |
| Date Assigned: | 05/11/2015 | Date of Injury: | 08/30/2007 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 04/02/2015 |
| Priority: | Standard | Application Received: | 05/06/2015 |

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: 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 55 year old female, who sustained an industrial/work injury on 8/30/07. She reported initial complaints of back pain. The injured worker was diagnosed as having lumbar degenerative disc disease. Treatment to date has included medication and diagnostics. MRI results were reported on 10/18/10 revealing minimal to mild spondylosis with relative sparing at L1-2 and L2-3, and greatest at L5-S1, small chronic appearing dorsal central disc protrusion at L5-S1 with no significant stenosis, small right dorsal lateral annular tear at L4-5 of undetermined age but likely chronic. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 2/22/12 and reported normal bilateral lower extremity nerve conduction studies. Currently, the injured worker complains of low back and bilateral lower extremity pain rated 7/10. The pain radiated down both lower extremities to both feet including the big toe. Per the primary physician's progress report (PR-2) on 4/15/15, examination revealed antalgic gait, tenderness, decreased range of motion, reduced sensation along the anterior right thigh and anterior, lateral, and posterior right leg, and positive straight leg raise bilaterally. The requested treatments include Bilateral Lumbar Transforaminal Epidural Steroid Injections, L4-L5 and L5-S1 (sacroiliac) and Tramadol 50 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Transforaminal Epidural Steroid Injections, L4-L5 and L5-S1 (sacroiliac): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

Decision rationale: Review of request show that this a request for a series of 3 lumbar epidural steroid injection x3 scheduled 2weeks apart. As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may recommend if it meets criteria. 1) Patient does not even meet basic radicular criteria. There is no objective documentation or exam consistent with radicular pain. There is some noted vague decreased sensation but no exam consistent with radiculopathy. There is no corroborating evidence from MRI or exam that supports radiculopathy. Fails criteria. 2) Goal of ESI: ESI has no long-term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI except for pain management. There is no long-term plan. It is unclear what the provider hopes to accomplish with short-term pain control. Fails criteria. 3) Unresponsive to conservative treatment. There is documentation of multiple medications and some noted prior physical therapy. Fails criteria. 4) MTUS guidelines recommend during therapeutic phase that after 1st injection, pain relief of over 50% should last for up to 6-8weeks. Patient had a prior ESI done years prior that did not provide any relief. There is no information concerning what was done and what levels the injection was done. Fails criteria. The providers have been asking for ESI in virtually every office for months with continued failure to document necessary components of criteria needed for approval.

Documentation fails to meet necessary criteria for approval. Bilateral lumbar epidural steroid injections are not medically necessary.

Tramadol 50 mg Qty 120 (1 tab by mouth every 6 hrs): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Tramadol/ Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Pt appears to be on Tramadol chronically. Documentation fails to meet the appropriate documentation required by MTUS. There is no documentation of pain improvement, no appropriate documentation of objective improvement and there is no mention about a pain contract or screening for abuse. The number of tablets is not appropriate and does not meet requirement for monitoring. Documentation fails MTUS guidelines for chronic opioid use. Provider documents being upset at continued denial of tramadol and other opioids prescription but continues to fail to document necessary component of history and physical in progress notes as required by MTUS guidelines to meet approval criteria. Tramadol is not medically necessary.