

Case Number:	CM14-0132908		
Date Assigned:	08/22/2014	Date of Injury:	02/23/2007
Decision Date:	10/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/19/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63-year-old male with a date of injury of February 23, 2007. Mechanism of injury was not specified. He was diagnosed with (a) lumbago, (b) postlaminectomy syndrome of unspecified region, (c) abnormal involuntary movements, (d) depressive disorder, not elsewhere classified, (e) knee pain and (f) recurrent radiculopathy, thoracic and lumbosacral region. In a progress note dated July 21, 2014 it was indicated that the injured worker complained of severe back pain which was worsening and occurs persistently. The pain radiated into the bilateral feet with associated symptoms of aching, burning deep, discomforting, dull, numbness, piercing, sharp, shooting, stabbing and throbbing sensation. The pain was aggravated by sitting, standing and walking. Examination of the lumbar spine revealed tenderness over the spinous, paraspinous, paralumbar, gluteal muscles, sacroiliac joint and buttocks. There was also spasm noted. Range of motion of the lumbar spine was limited in all planes due to pain. Decrease sensation to light touch and pinprick was noted along the right L5 nerve distribution. Diagnostic evaluations including x-ray of the left knee was recommended. He was referred to a neurosurgeon for further evaluation and treatment and he was scheduled to have a caudal epidural steroid injection with catheter and intravenous sedation. This is a review of the requested referral to a neurosurgeon and the caudal epidural steroid injection with intravenous sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to neurosurgeon, follow up and treat: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296.

Decision rationale: The request for a referral to a neurosurgeon is not medically necessary at this time. This is not in accordance to the American College of Occupational and Environmental Medicine Guidelines as there was no evident documentation of severe neurologic compromise subjectively and objectively from the medical records reviewed to necessitate a referral. Therefore the Referral to neurosurgeon, follow up and treat is not medically necessary.

Caudal Epidural Steroid Injection with catheter and IV sedation: 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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain and indicates that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical records received have limited information to support the necessity of the caudal epidural steroid injection. There is lack of documentation of failure of conservative treatment including home exercise, physical therapy, and medications. In addition, objective findings of radiculopathy has not been evident in his July 21, 2014 evaluation, except for tenderness, limited range of motion and decreased sensation, nothing more has been documented as a definite sign of radiculopathy that can be corroborated with the imaging. Additionally, the objective of the requested treatment is unclear whether it is for diagnostic or therapeutic purposes and furthermore the level in which the caudal epidural injection will be injected is unclear. With all these information, it can be concluded that the medical necessity of the requested caudal epidural steroid injection is not established. As the medical necessity of the requested caudal epidural steroid injection is not established it is also deemed that the medical necessity of the insertion of catheter and intravenous sedation is not established. Therefore the request is not medically necessary.

EIA9 with Alcohol + RFLX Urine: COT:Morphine-Serum "Valencia"; LC/MS/MS; TSH and Complete Urinalysis: 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 Testosterone replacement for hypogonadism (related to opioids) Page(s): 110-111. Decision

based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Testosterone replacement for hypogonadism (related to opioids) Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing

Decision rationale: As the injured worker is noted to be utilizing opioid pain medications, complete blood count which is a measure of the renal and hepatic status, bleeding tendencies and presence of anemia and infection along with the total testosterone level can be considered medically necessary as opioid managed poses him at risk for hypogonadism. On the other hand, the other tests which include urinary drug screening, serum studies including Morphine and Serum Valencia as well as EIA9 with alcohol is not medically necessary as there is no evidence of aberrant drug-seeking behavior and there are no clinical bases or rationale stated for the serum studies as well as the EIA9 with alcohol. Therefore, the medical necessity of the requested EIA9 with Alcohol + RFLX Urine: Chronic Opioid Therapy: Morphine-Serum Valencia; liquid chromatography-tandem mass spectrometry; thyroid stimulating hormone and Complete Urinalysis is not medically necessary.