MAXIMUS Federal Services

Case Number:	CM14-0165772		
Date Assigned:	10/10/2014	Date of Injury:	06/01/2000
Decision Date:	12/15/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/08/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 47 year old male with an injury date of 06/01/00. Based on the 06/05/14 progress report, the patient complains of acute exacerbation of low back pain. He had numbness on the left anterior thigh radiating to his left groin and knee. "Pain is 10 plus and nearly brings him to tears at times. He states the pain has nearly taken him to his knees on several occasions. He is very concerned and frightened by the intensity of the pain and numbness." The patient has a slow deliberate gait and a decreased sensation on the lateral leg and dorsum of the foot as well as decreased sensation on the sole of the foot and the posterior leg. The 07/01/14 report indicates that the patient has severe pain in his lower back, left flank, left groin, and left anterior thigh, with numbness, tingling, weakness, along with tearing and burning pain. There are intermittent episodes of shooting pain in the left upper and lower anterior thigh. In the lower back, there are palpable muscle spasms, worse on the left, in the region of the left L5-S1. There is a decrease in range of motion and tenderness of the left gluteal and ischial tuberosity over the course of the sciatic nerve. "Straight leg raise test is equivocal on the left and negative on the right." The 06/19/14 MRI of the lumbar spine revealed the following:1) There is a small (2.5mm) rounded focus of intermediate to decreased signal intensity seen posterior to the course nerve roots at the L2 level.2) Mild to moderate degenerative changes is present from the L2-3 through the L5-S1 levels. Varying degrees of subarticular recess and neural foraminal narrowing are present at several levels. These findings have worsened in the interval at the L2-3 level with a 3 to 4 mm left neural foraminal/lateral disc protrusion currently seen which is abutting the exiting nerve left L2 nerve with moderately severe left neural foraminal narrowing noted.3) Mild to moderate scoliosis convex towards the left center the L1-2 levelThe patient's diagnoses include the following: 1) New L2-3 left paracentral disc herniation with foraminal

stenosis, causing the left anterior thigh sensory radiculopathy2) Previous L4-5 and L5-S1 disc disease, causing the left posterolateral lower extremity radiculopathyThe utilization review determination being challenged is dated 09/17/14. Treatment reports were provided from 11/12/13- 07/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Toradol Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, and GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac Page(s): 72. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Academic Emergency Medicine, Vol. 5, 118-122

Decision rationale: According to the 06/05/2014 progress report, the patient complains of acute exasperation of lower back pain and numbness in the left anterior thigh radiating to his left groin and knee. The request is for 1 Toradol injection. The 07/01/2014 report indicates that the patient "tried a shot of Toradol in the office" due to a severe episode 4 weeks ago. "There are still intermittent episodes of shooting pain in the left upper and lower anterior thigh." The patient has previously taken hydrocodone 10 mg - acetaminophen 325 mg tablets. MTUS Guidelines pages 72 states that Ketorolac is not recommended for minor or chronic pain. Academic Emergency Medicine, Vol. 5, 118-122, also does not support Toradol injection showing that oral ibuprofen was just as effective as Toradol for acute pain in ER setting. Toradol injections are not indicated for chronic or acute flare-up of chronic pain. Therefore, this request is not medically necessary.

1 ESI to the Left L2-3 and L3-4 Preganglionic: Overturned

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): 46-47.

Decision rationale: According to the 06/05/14 report, the patient presents with acute exacerbation of low back pain. He had numbness on the left anterior thigh radiating to his left groin and knee. The request is for 1 ESI to the left L2-3 and L3-4 preganglionic. The rationale is that additional information is necessary to make a decision. The denial letter states "please provide diagnostic imagining findings with date of imaging for the lumbar spine revealing L2-3, L3-4 clinically relevant findings. There is no indication of the patient having any previous lumbar epidural steroid injections. In reference to an epidural injection, MTUS Guidelines states, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, the patient has a 3 to 4 mm left

neural foraminal/lateral disc protrusion which is abutting the exiting nerve left L2 nerve with moderately severe left neural foraminal narrowing noted at the L2-3 level. The patient presents with severe left-side radicular symptoms in dermatomal distribution corresponding to L2 nerve root. Examination showed equivocal SLR but upper lumbar disc herniations typically present with negative SLR's. The request appears quite reasonable. Arguably, a simple left L2-3 transforaminal should be adequate but two level injections are not excessive. Therefore, this request is medically necessary.In this case, the patient has a 3 to 4 mm left neural foraminal/lateral disc protrusion which is abutting the exiting nerve left L2 nerve with moderately severe left neural foraminal narrowing noted at the L2-3 level. The patient presents with severe left-side radicular symptoms in dermatomal distribution corresponding to L2 nerve root. Examination showed equivocal SLR but upper lumbar disc herniations typically present with negative SLR's. The request appears quite reasonable. Arguably, a simple left L2-3 transforaminal should be adequate but two level injection is not excessive. Recommendation is for authorization.

1 ESI to the Left L2-3 and L3-4 Postganglionic: 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): 46-47.

Decision rationale: According to the 06/05/14 report, the patient presents with acute exacerbation of low back pain. He had numbness on the left anterior thigh radiating to his left groin and knee. The request is for 1 ESI to the left L2-3 and L3-4 postganglionic. The rationale is that additional information is necessary to make a decision. The denial letter states "please provide diagnostic imagining findings with date of imaging for the lumbar spine revealing L2-3, L3-4 clinically relevant findings. There is no indication of the patient having any previous lumbar epidural steroid injections. In reference to an epidural injection, MTUS Guidelines states, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, the patient should be given one injection which has already been authorized. The provider does not explain what pre-ganglionic and post-ganglionic injections are. These are not discussed in ODG or MTUS guidelines. Transforaminal injection should be sufficient to treat the patient's L2 radiculopathy. Therefore, this request is not medically necessary.

1 Prescription of Norco 10/325: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89, 76-78.

Decision rationale: According to the 06/05/2014 progress report, the patient presents with acute exasperations of lower back pain as well as persistent numbness in the left anterior thigh radiating to his left groin and knee. The request is for 1 prescription for Norco 10/325. The patient has been taking Norco as early as 04/18/2014. The 02/14/2014, 05/21/2014, 06/05/2014, and 06/19/2014 urine drug screens all indicate that the patient was tested negative for oxycodone which could have been due to the fact that the patient was "not taking medication as prescribed or to one's metabolism." MTUS Guidelines pages 88 and 89 states, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain management" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Regarding Norco, the provider does not provide specific functional improvement, increase in quality of life, or changes in ADLs to warrant long term use. Nor were there any discussions provided on adverse side effects/behavior. Therefore, this request is not medically necessary.

1 Urine Drug Screen: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter for Urine Drug Testing

Decision rationale: According to the 06/05/2014 progress report, the patient complains of having an acute exasperation of lower back pain as well as numbness in the left anterior thigh radiating to his left groin and knee. The request is for 1 urine drug screen. The patient has had previous urine drug screens on 02/14/2014, 05/21/2014, 06/05/2014, and 06/19/2014. All of these toxicology reports indicated that oxycodone was not detected and it could be due to the fact that the patient was not taking the medications as prescribed or to his metabolism. While MTUS does not specifically address how frequently UDS (urine drug screen) should be obtained for various-risk opiate users, ODG Guidelines provide clear guidelines for low-risk opiate users. It recommends once yearly urine drug screen following initial screening within the first 6 months of the management of chronic opiate use. The patient is currently taking hydrocodone 10 mg - acetaminophen 325 mg tablets - take 1 tablet by oral route 4 to 5 times a day as needed for pain. There is no discussion regarding opiate use risk assessment to determine how often UDS should be obtained. The patient just had one on 06/19/2014 and without an explanation as to why it needs to be repeated, therefore, this request is not medically necessary.