

Case Number:	CM14-0165786		
Date Assigned:	10/10/2014	Date of Injury:	10/08/2002
Decision Date:	11/05/2014	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 Occupational Medicine 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:

This male has developed chronic low back pain subsequent to a lifting injury on 10/08/02. He is described to severe low back pain with radiation into the left leg. He has been treated with physical therapy, creams and medications. There is no documentation regarding the use patterns, pain relief, or functional benefits from prescribed opioids. A lumbar epidural injection is requested stating that a prior epidural provided 70% relief for several months. The prior epidural date is not documented. In April '13 epidural injections were also requested based on the response to prior epidurals. At that time the injections were denied based on the fact that there was no documentation presented that confirmed prior epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection, Left-sided, L4-S1: 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 Injections Page(s): 46.

Decision rationale: MTUS Guidelines support epidural injection(s) if there is a clinical radiculopathy confirmed with MRI or electrodiagnostic testing. The Guidelines also support

repeat injections if there has been a sustained substantial improvement from the prior injection. Neither of these standards is confirmed to meet. There is no confirming documentation of testing confirmation and there is no confirming documentation if, when, or the results from prior epidurals. Under these circumstances the request for Lumbar Epidural Injections is not consistent with Guidelines and is not medically necessary.

TENS/EMS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 113, 121.

Decision rationale: MTUS Guidelines support a trial of a TENS unit if specific conditions are met. However the Guidelines do not support the use of Muscle Stimulation for chronic pain management. There are no exceptional circumstances to recommend the use of a combined unit (TENS and EMS). The TENS/EMS unit is not medically necessary.

Lumbar Spine Corset: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Supports

Decision rationale: MTUS Guidelines do not recommend the use of lumbar braces for chronic low back pain. ODG Guidelines provide additional details regarding the use of lumbar bracing. If an individual has a demonstrated instability, fracture, or is post-operative, bracing may be reasonable. This injured worker is not documented to have any of the qualifying conditions. The request for a lumbar spine corset is not medically necessary.

12 Acupuncture Visits, Two Times a Week for Six Weeks Secondary to Flare-Ups: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Guidelines recommend a trial of up to 6 sessions of acupuncture to establish objective functional benefits. Additional therapy would be based on proven benefits. There is no documentation of prior benefits. The request for 12 Acupuncture Visits is not consistent with Guideline recommendations; therefore, the request is not medically necessary.

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines support the judicious use of opioid medications if there is close monitoring, screening for misuse, documentation of use patterns, documentation of pain relief and documentation of functional benefits. The Guidelines are very specific on the recommended standards. There is no documentation of compliance with these standards. There is no documentation of pain relief or functional benefits. Under these circumstances the request for Norco 10/325mg is not consistent with Guidelines and is not medically necessary.

Creams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Guidelines do not support the use of the vast majority of compounded topical agents. There is no documentation of the ingredients of the creams. Under these circumstances the creams do not appear consistent with Guidelines recommendations. The requests for creams are not medically necessary.

Refill Medications: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: There is no documentation of what medications are being requested to be refilled, however both the "creams" and Hydrocodone are not medically necessary. This leads to the conclusion that the blanket request to refill medications is not medically necessary.