

Case Number:	CM14-0092422		
Date Assigned:	07/25/2014	Date of Injury:	01/15/1998
Decision Date:	06/12/2015	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/18/2014

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. 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: Pennsylvania
 Certification(s)/Specialty: Internal 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:

This 43 year old man sustained an industrial injury on 1/15/1998 due to a fall. Evaluations include an undated lumbar spine MRI. Diagnoses include lumbar radiculitis, complex regional pain syndrome, lumbar pain, lumbar facet arthropathy, lumbar spondylosis with disc bulge, and lumbar stenosis. Treatment has included medications, spinal cord stimulator insertion and removal, surgical interventions with multiple low back surgeries including fusion and subsequent removal of hardware, physical therapy, epidural injections, and rhizotomies. An Agreed Medical Examination in 2012 notes that the injured worker was not able to return to work in any capacity since several months after the injury. At an orthopedic visit on 9/24/13, the injured worker reported continued low back pain and increasing right lower extremity pain with numbness and tingling in the right thigh. Medications included ultram, norco, ambien, protonix, and Lidoderm. Electrodiagnostic studies on 11/4/13 were normal, with no evidence of peripheral neuropathy or motor lumbosacral radiculopathy. Work status in December 2013 was noted as temporary total disability. At a visit on 3/25/14, the injured worker reported worsening low back pain. Examination showed positive bilateral straight leg raise with inability to walk on his heels and toes secondary to pain, global weakness bilaterally in the region of L4 through S1, slightly decreased Achilles reflex primarily on the right, and decreased quadriceps reflex on the right. Physician notes dated 4/22/2014 show complaints of increasing back pain rated 8/10 that radiates down the right lower extremity. Examination showed decreased right patellar and Achilles reflex, and intact gross motor and sensation from L2 through S1. Recommendations include a series of three lumbar spine epidural steroid injections at L3-4, lumbar spine CT myelogram,

Norco, Ultram ER, Ambien, Terocin cream, and follow up in four weeks. Work status remained temporarily totally disabled. On 5/23/14, Utilization Review (UR) non-certified or modified requests for the items currently under Independent Medical Review, citing the MTUS, ACOEM, and ODG. An appeal from the secondary treating physician from 6/9/14 regarding the epidural steroid injections was submitted. This document references an orthopedic visit from July 2013 at which time a recent MRI scan of the lumbar spine was noted to show status post cage placement at L5-S1, mild to moderate foraminal stenosis secondary to facet arthropathy, disc protrusions from L1 through L5 most significant at L2-3, with mild central canal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injections at L3-4, 1 series of 3 injections: 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 Page(s): 46.

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be documentation of failure of conservative treatment such as exercises, physical methods, nonsteroidal anti-inflammatory agents, and muscle relaxants. An epidural steroid injection must be at a specific side and level. The MTUS recommends that any repeat injection be considered based on the degree of pain relief and functional improvement 6-8 weeks after the initial injection. This injured worker has chronic low back pain, with history of multiple lumbar surgeries and remote prior epidural steroid injections. The most recent progress notes documents normal motor and sensory examination from L2 through S1, with decreased right quadriceps and Achilles reflex. Electrodiagnostic studies in November 2013 were normal, and MRI of the lumbar spine in July 2013 showed disc protrusions at L1 through L5 without discussion of specific nerve root impingement. The request is for three injections, however the guidelines recommend that no more than one intralaminar level should be injected at one session, and that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. In this case, there are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. In addition, the side of injection was not specified, and the number of injections requested is in excess of the guidelines. For these reasons, the request for Lumbar epidural steroid injections at L3-4, 1 series of 3 injections is not medically necessary.

CT (Computed Tomography) Myelogram of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back-Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: computed tomography.

Decision rationale: The ACOEM recommends computed tomography (CT) or MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. Myelography or CT myelography for preoperative planning is an option if MRI is unavailable. The ODG states that MRI has largely replaced CT scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. The ODG notes a meta-analysis of randomized trials which finds no benefit to routine lumbar imaging (radiography, MRI, or CT) for low back pain without indications of serious underlying conditions. The ODG notes lumbar spine trauma, traumatic myelopathy, infectious myelopathy, evaluation of pars defect not identified on plain x-rays, and evaluation of successful fusion if plain x-rays do not confirm fusion as indications for CT imaging. Myelography is not recommended except for selected indications, when MRI cannot be performed or in addition to MRI. The ODG criteria for myelography and CT myelography include demonstration of the site of a cerebrospinal fluid leak, surgical planning, radiation therapy planning, diagnostic evaluation of spinal or basal cisternal disease and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane, poor correlation of physical findings with MRI studies, or preclusion of use of MRI for issues such as claustrophobia, technical issues (such as patient size), safety reasons (such as pacemaker), and surgical hardware. In this case, the injured worker has chronic low back pain with multiple prior back surgeries. There was no documentation of any of the criteria listed above for CT myelography. The injured worker had undergone recent prior MRI of the lumbar spine in July 2013, without documentation of change in clinical condition. Due to lack of specific indication, the request for CT (Computed Tomography) Myelogram of the lumbar spine is not medically necessary.

Ultram ER 150mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic low back pain. Ultram has been prescribed for at least seven months. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. None of these aspects of prescribing are in evidence. The documentation indicates that the injured worker has not worked for many years, and current work status is temporarily totally disabled. There

was no discussion of functional goals, opioid contract, or urine drug testing. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, ultram does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Oxycodone 10mg, QTY: 40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-96.

Decision rationale: This injured worker has chronic low back pain. Opioids have been prescribed for at least seven months. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. None of these aspects of prescribing are in evidence. The documentation indicates that the injured worker has not worked for many years, and current work status is temporarily totally disabled. There was no discussion of functional goals, opioid contract, or urine drug testing. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, oxycodone does not

meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.