

Case Number:	CM15-0116305		
Date Assigned:	06/24/2015	Date of Injury:	10/14/2014
Decision Date:	07/24/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/16/2015

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: Preventive Medicine, Occupational 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 59-year-old female, who sustained an industrial injury on October 14, 2014. Treatment to date has included physical therapy, home exercise program, anti-inflammatory medication and pain medication. Currently, the injured worker complains of lumbar spine pain. She reports that she has intermittent pain, which increases with standing or sitting. She reports difficulty sleeping. On physical examination, the injured worker has tenderness to palpation over the thoracic and lumbar spine. She has muscle spasm of the lumbar spine and her range of motion is limited due to pain with associated stiffness. The diagnoses associated with the request include lumbar spine stenosis, lumbar sprain, lumbar spondylosis and scoliosis. The treatment plan includes work restrictions, continued physical therapy and home exercise, Neurontin, voltaren, and lumbar spine epidural steroid injection. A request was received for a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Evaluation and Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Section Opioids Dosing Section Page(s): 78, 86.

Decision rationale: The MTUS guidelines recommend consultation with pain management if opioid are required for extended periods (beyond what is usually required for the condition) or if pain does not improve on opioids in three months. Pain management consultation is also recommended for the rare case when total daily opioid therapy exceeds 120 mg oral morphine equivalents. There is no indication that the injured worker needs pain management evaluation at this point. He is currently completed a course of physical therapy and has 3 visits remaining. It is unclear, at this point, if he will respond to physical therapy or fail with the sessions and need further pain management. The request for pain management consultation is determined to not be medically necessary.

Lumbar Spine Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include; 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment. 3) Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. 8) No more than 2 ESI injections. In this case, there is very limited objective evidence of radicular symptoms upon physical exam. Furthermore, the injured worker is currently participating in a course of physical therapy for which he has 3 visits remaining. Efficacy of physical therapy has yet to be determined, therefore, the request for lumbar spine epidural steroid injection is determined to not be medically necessary.

Voltaren extended release 100mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-71.

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The request for Voltaren extended release 100mg quantity 60 is determined to not be medically necessary.