

Case Number:	CM15-0176164		
Date Assigned:	09/17/2015	Date of Injury:	10/09/2014
Decision Date:	11/10/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/08/2015

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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 36 year old male, who sustained an industrial injury on October 09, 2014. The injured worker was diagnosed with chronic, persistent axial lower back pain, with intermittent right buttock pain, and foot pain along with ruling out lumbar instability. Treatment and diagnostic studies to date has included two sessions of physical therapy, chiropractic therapy with a quantity unknown, and magnetic resonance imaging of the lumbar spine. In a progress note dated August 06, 2015 the treating physician reports complaints of "severe" pain to the low back that intermittently radiates to the right leg. On August 06, 2015, the injured worker's current pain level was rated 10 out of 10 to the back and a 6 out of 10 to the right leg on scale of 0 to 10. On August 06, 2015 the progress note indicated that the injured worker was not currently on any medications. Examination performed on August 06, 2015 revealed tenderness to the lumbar five to sacral one region and decreased range of motion to the lumbar spine. The treating physician noted on August 06, 2015 that magnetic resonance imaging was performed on November 10, 2014, which was revealing for lumbar spondylosis at lumbar five to sacral one with "moderate to severe" bilateral lumbar five foraminal stenosis with retrolisthesis at lumbar five to sacral one. On August 06, 2015 the progress note indicated at least two prior sessions of physical therapy and a "few" sessions of chiropractic therapy were performed, but the documentation did not indicate if the injured worker experienced any functional improvement with the prior therapies. The treating physician also noted on this date that the injured worker's ability to perform activities of daily living and ability to function was "completely compromised secondary to his chronic back pain". The treating physician requested bilateral lumbar five to sacral one facet joint injections and epidural injections at lumbar five to sacral one on August 06,

2015 with the treating physician noting an abnormality on the magnetic resonance imaging of the lumbar spine along with noting that the injured worker has had "so little treatment, clearly leading to his deconditioned state." On the same date the treating physician requested an x-ray of the back to evaluate for any instability due to the stenosis and motion at the lumbar five and sacral one level. The treating physician also requested the medications of Tramadol, Naprosyn, and Prilosec on this date with use of the Tramadol for "severe" pain, the Naprosyn for "significant" pain, and the Prilosec for assisting the stomach to prevent the formation of an ulcer. On August 27, 2015 the Utilization Review determined the requests for bilateral lumbar five to sacral one facet joint injections, epidural injections at lumbar five to sacral one, x-ray of the back, Tramadol, Naprosyn, and Prilosec to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 Facet Joint Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back-lumbar & thoracic.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per ACOEM, page 300: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. ACOEM does not support facet joint injections, indicating they are "of questionable merit."

Epidural Injections at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per ACOEM, page 300: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact

that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. ACOEM does not support epidural injections, indicating that the treatment offers no long-term functional benefits.

X-Ray back: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: ACOEM diagnostic criteria does not list back X-rays as an appropriate diagnostic test. Table 12-4 lists MRI and CT scan as the best diagnostic tests to evaluate for back pain. The request is not medically necessary.

Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Per ACOEM, Initial Approaches to Treatment, page 47 and 48, OPIOIDS: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence have been reported in up to 35% of patients. Patients should be informed of these potential side effects. Per MTUS page 113: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The records do not document the failure of first line medication for analgesia. Therefore, the request is not certified.

Naprosyn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per MTUS page 67: "Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such

as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." The duration and dose of Naproxen is not documented. Therefore, it is not possible to confirm that a short-term treatment plan is proposed.

Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS regarding the use of proton pump inhibitors (PPI) such as protonix, for prophylaxis use indicates that the following risk factors should be present, "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Documentation provided does not suggest that the patient has any of the noted risk factors noted above and the prilosec is recommended non-certified.