

Case Number:	CM15-0062062		
Date Assigned:	04/23/2015	Date of Injury:	06/05/2003
Decision Date:	06/16/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/01/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 45 year old male with an industrial injury dated 06/05/20003. His diagnoses included post laminectomy syndrome, myalgia and myositis, neuralgia, neuritis and radiculitis and long term use of other medications. Prior treatment included medications, physical therapy, chiropractic treatments, steroid injections, traction and diagnostics. He presents on 02/04/2015 with complaints of low back pain flare up. Physical exam revealed full cervical range of motion. Lumbar range of motion was limited. The provider documents an opioid agreement is in place and urine drug toxicology results were appropriate. The treatment plan consisted of medications, epidural steroid injection, labs and medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal lumbar epidural steroid injection at L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs
Page(s): 46.

Decision rationale: A selective nerve root block, or transforaminal epidural steroid injection (ESI), is a variation of the traditional midline ESI; the spinal nerve roots exit the spine laterally. Based on a patient's medical history, a physical exam, and MRI findings, often a specific inflamed nerve root can be identified. According to the CA MTUS guidelines, criteria for ESI's include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient has undergone bilateral transforaminal ESIs (7/31/2013) and is s/p L5-S1 discectomy with bilateral foraminotomies (7/30/2014). Currently, there is no documentation of objective findings of radicular pain in a dermatomal distribution that correlates with the targeted nerve root lesions at L5-S1. In addition, the available diagnostic MRI report (2/2/2015) fails to reveal any evidence of direct nerve root impingement at the targeted nerve root levels. Medical necessity for the requested transforaminal ESI's has not been established. The requested injections are not medically necessary.

Pre op medical clearance, EKG and chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative Lab testing, Preoperative EKG.

Decision rationale: A preoperative medical clearance, EKG and chest x-ray are not clinically appropriate or medically necessary. Preoperative testing is often performed before surgical procedures. The bilateral transforaminal ESIs (which are not surgery) were found to not be medically necessary. Therefore, medical necessity for these services have not been established. The requested services are not medically necessary.

Pre op diagnostic labs: CMP, CBC, UA, PT, PTT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.

Decision rationale: There is no specific indication for the requested preoperative diagnostic laboratory studies: CMP, CBC, UA, PT, PTT. There are no subjective or objective findings to support the requested laboratory studies. In addition, coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those

taking anticoagulants. Medical necessity for the requested studies has not been established. The requested laboratory studies are not medically necessary.

Percocet 10/325mg: 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 Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to MTUS and ODG, Percocet (Oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of this medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested treatment with Percocet 10/325 mg is not medically necessary.