

Case Number:	CM15-0097640		
Date Assigned:	05/28/2015	Date of Injury:	09/16/2014
Decision Date:	07/07/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/20/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 30-year-old male who sustained an industrial injury on 09/16/14. Initial complaints and diagnoses are not available. Treatments to date include medications and a lumbar epidural steroid injection. Diagnostic studies include x-rays and a MRI of the lumbar spine. Current complaints include low back pain. Current diagnoses include herniated nucleus pulposus left L4-5. In a progress note dated 03/30/15, the treating provider reports the plan of care as medications including Norco and Motrin, and a left L4-5 epidural steroid injection. The requested treatments include is a left L4-5 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI at L4-L5 left side: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46 of 127.

Decision rationale: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Regarding this patient's case, MTUS criteria is not satisfied. It is documented that the patient has previously had a LESI procedure performed. However, the percentage of pain reduction and the duration of pain relief following the injection is not documented. Medical records simply state that the prior injection "helped." Likewise, this request for a repeat LESI procedure cannot be considered medically necessary without additional documentation.

Cold unit x 7 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-301.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back pain/neck pain complaints Page(s): 257.

Decision rationale: This request is for a cold unit for 7 days. MTUS guidelines state regarding the application of cold packs, "At-home local applications of cold packs during first few days of acute complaints; thereafter, applications of heat packs." Also, there is no literature documentation of superiority over typical readily available cold applications (such as those that can be applied at home.) This patient has chronic pain, and is not in the acute phase of any injury. Likewise, this request is not considered medically necessary.

Lumbar back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Pain Complaints Page(s): 301.

Decision rationale: California MTUS guidelines state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." This patient is well documented to have chronic pain. Likewise, this request for a back brace is not considered medically necessary.

Motrin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 64, 102-105, 66.

Decision rationale: In accordance with California MTUS guidelines, NSAIDs are recommended as an option for short-term symptomatic relief. These guidelines state, "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." The MTUS guidelines do not recommend chronic use of NSAIDs due to the potential for adverse side effects. Likewise, this request for Motrin is not medically necessary.

Norco 5/325mg #84: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80 of 127.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if: "(a) If the patient has returned to work; (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. There is also a lack of documentation that this patient has been counseled regarding the possible side effects of chronic narcotic medications. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.