MAXIMUS Federal Services

Case Number:	CM14-0140287		
Date Assigned:	09/10/2014	Date of Injury:	03/01/2012
Decision Date:	10/20/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54 year old female who sustained an injury on 03/01/12 while bending over and lifting a doormat. The injured worker sustained injury to the low back with pain radiating through the lower extremities. Prior treatment included multiple medications and physical therapy. The injured worker also had one right L3-4 epidural steroid injection on 05/09/12 which provided a mild amount of pain relief. Repeat epidural steroid injections were completed to the right at L3-4 and L4-5 on 12/16/13. There was no indication of any substantial improvement following the second epidural steroid injections. The injured worker completed recent physical therapy for six sessions through 07/14. Handwritten report by dated 07/09/14 discussed the goals for physical therapy. No other recent evaluation from the treating physician was provided. The injured worker indicated that at the end of the sixth session of physical therapy on 07/09/14 her symptoms were not as severe. The requested epidural steroid injection to the right at L3-4 and L4-5 and medications and aquatic therapy were denied by utilization review on 08/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection to the right L3-4 and L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 49.

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

Decision rationale: In regards to the request for Transforaminal Epidural Steroid Injection to the right L3-4 and L4-5 clinical documentation submitted for review would not support continuing epidural steroid injections. There was no indication from the clinical records that any substantial benefit had been obtained with previous epidural steroid injections at the same levels in 12/13. Per guidelines there should be objective evidence of functional improvement and medication reduction and reduction of at least 50-70% of overall symptomology with epidural steroid injections for six to eight week period. Given the lack of documentation of any clear efficacy from prior epidural steroid injections repeat procedures at right L3-4 and L4-5 would not be supported as medically necessary.

Soma (Carisoprodol) 350 mg, QTY: 30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not have recommended the ongoing use of this medication.

Prilosec 20 mg, QTY: 30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors

Decision rationale: The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor this reviewer would not have recommended this request as medically necessary.

Ultram 50 mg, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In review of the clinical documentation submitted for review this reviewer would not recommend continuing use of Ultram 50mg #120. This medication can be utilized as an option in the treatment of moderate to severe musculoskeletal complaints. Guidelines recommend that there be ongoing assessments establishing the efficacy of short acting analgesics such as Ultram in terms of functional improvement and pain relief. As this was not clearly noted in the clinical documentation submitted for review this reviewer would not have recommended this request as medically necessary.

Aquatic therapy for the lumbar spine, QTY: 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The injured worker recently completed physical therapy on 07/09/14 for six sessions. There was no indication from the therapy records that the injured worker was unable to tolerate land based physical therapy. There was indications of improvement in regards to symptoms. Aquatic therapy would be indicated as an option for injured workers who are unable to complete or tolerate land based physical therapy. As this was not clearly indicated in the clinical documentation the requested six sessions would not be medically necessary.