MAXIMUS Federal Services

Case Number:	CM15-0126927		
Date Assigned:	07/21/2015	Date of Injury:	05/22/1995
Decision Date:	10/07/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	07/01/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old female who sustained an industrial injury on 05-22-1995. Mechanism of injury was not found in documents presented for review. Diagnoses include lumbar stenosis, degenerative spondylolisthesis, and foraminal stenosis of lumbar region. Treatment to date has included diagnostic studies, medications, transforaminal steroid injection, physical therapy to her shoulder, and she has not had any recent physical therapy for her back. Her current medications include Naprosyn, ASA, Calcium, Cholecalciferol, and Temovate cream, Allegra, Theragran, Zolpidem, and Elavil. A Magnetic Resonance Imaging report of the lumbar spine done on 06-20-2014 revealed a grade 1 anterolisthesis of L4 and L5. There is a moderate diffuse disc bulge resulting in complete effacement of the CSF space and crowding of the cauda equina with severe spinal canal stenosis at this level. There is severe bilateral facet arthrosis with moderate bilateral neural foraminal narrowing. A physician progress note dated 05-13-2015 documents the injured worker the injured worker had a previous injection in 2005 but can't remember if it gave her short term relief. She has more frequent episodes of back pain causing bilateral leg numbness and limiting her ability to walk. On examination her motor strength is 5-5, and sensation is intact. The treatment plan includes prescriptions for Elavil, which she has been on previously but stopped due to dry mouth. Treatment requested is for Labs: Cholesterol, Laboratory studies: CBC, Labs: Basic and Thyroid, and bilateral L4 and L5 transforaminal epidural steroid injection with conscious sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 and L5 transforaminal epidural steroid injection with conscious sedation: 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): Epidural steroid injections (ESIs).

Decision rationale: The patient presents with back pain causing bilateral leg numbness and limit her ability to walk. She has no shooting leg pain. No sensation of her legs giving way. The request is for BILATERAL L4 AND L5 TRANSFORAMINAL EPIDURAL STEROID INJECTION WITH CONSCIOUS SEDATION. The request for authorization is dated 05/14/15. MRI of the lumbar spine, 06/20/14, shows Grade I anterolisthesis L4 on L5, in conjunction with severe bilateral facet arthrosis at this level and moderate diffuse disc bulge results in severe spinal canal stenosis; moderate diffuse spondylotic changes in the lumbar spine, moderate-severe bilateral neuroforaminal narrowing at L5-S1. Physical examination reveals positive for back pain. Motor R/L: 5/5. Sensory R/L: Normal. Straight Leg Raise: Negative. She previously had bilateral L4 and L5 TFEs x2 in 2005. She can't recall if it gave her short term relief. She has not had any recent PT. Patient's medications include Aspirin, Calcium, Cholecalciferol, Temovate, Allegra, Theragran, Naprosyn, Tafluprost, Ambien, and Elavil. The patient's work status is not provided. MTUS, Epidural Steroid Injections Section, pages 46, 47 states, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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." Per progress report dated 05/13/15, treater's reason for the request is "She reports temporary relief of her back pain with these injections done in 2005. She has agreed to undergo repeat injections at L4 and L5." In this case, given the severe spinal canal stenosis at L4 and L5, it appears the Injection might be reasonable. However, physical examination findings in this patient do not corroborate radiculopathy. Furthermore, previous Injections did not achieve at least 50% pain relief for 6-8 weeks as required by MTUS for a repeat Injection. Given the lack of dermatomal distribution of pain documented by physical examination findings and corroborated by imaging studies, and required pain relief, the request does not appear to meet MTUS guidelines indication. Therefore, the request IS NOT medically necessary.

Labs: CBC: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: The patient presents with back pain causing bilateral leg numbness and limit her ability to walk. She has no shooting leg pain. No sensation of her legs giving way. The request is for LABS: CBC. The request for authorization is dated 05/14/15. MRI of the lumbar spine, 06/20/14, shows Grade I anterolisthesis L4 on L5, in conjunction with severe bilateral facet arthrosis at this level and moderate diffuse disc bulge results in severe spinal canal stenosis; moderate diffuse spondylotic changes in the lumbar spine, moderate-severe bilateral neuroforaminal narrowing at L5-S1. Physical examination reveals positive for back pain. Motor R/L: 5/5. Sensory R/L: Normal. Straight Leg Raise: Negative. She previously had bilateral L4 and L5 TFEs x2 in 2005. She can't recall if it gave her short term relief. She has not had any recent PT. Patient's medications include Aspirin, Calcium, Cholecalciferol, Temovate, Allegra, Theragran, Naprosyn, Tafluprost, Ambien, and Elavil. The patient's work status is not provided. MTUS, NSAIDs Section, page 70 states, "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." Per progress report dated 05/13/15, treater's reason for the request is "for she had been on NSAIDs regularly for over a year now." In this case, review of provided medical records show patient's medications include Naproxen and Aspirin, both NSAIDs. MTUS supports the monitoring of CBC when patient is taking NSAIDs. Review of provided medical records shows no evidence of a prior CBC. Therefore, the request IS medically necessary.

Labs: Cholesterol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: The patient presents with back pain causing bilateral leg numbness and limit her ability to walk. She has no shooting leg pain. No sensation of her legs giving way. The request is for LABS: CHOLESTEROL. The request for authorization is dated 05/14/15. MRI of the lumbar spine, 06/20/14, shows Grade I anterolisthesis L4 on L5, in conjunction with severe bilateral facet arthrosis at this level and moderate diffuse disc bulge results in severe spinal canal stenosis; moderate diffuse spondylotic changes in the lumbar spine, moderate-severe bilateral neuroforaminal narrowing at L5-S1. Physical examination reveals positive for back pain. Motor R/L: 5/5. Sensory R/L: Normal. Straight Leg Raise: Negative. She previously had bilateral L4 and L5 TFEs x2 in 2005. She can't recall if it gave her short term relief. She has not had any recent PT. Patient's medications include Aspirin, Calcium, Cholecalciferol, Temovate, Allegra, Theragran, Naprosyn, Tafluprost, Ambien, and Elavil. The patient's work status is not provided. MTUS, NSAIDs Section, page 70 states, "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is

recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." Per progress report dated 05/13/15, treater's reason for the request is "for she had been on NSAIDs regularly for over a year now." In this case, review of provided medical records show patient's medications include Naproxen and Aspirin, both NSAIDs. MTUS supports the monitoring of metabolism when patient is taking NSAIDs. However, treater does not provide medical rationale for cholesterol testing. Although useful for general health measures, not needed for pain. Therefore, the request IS NOT medically necessary.

Labs: Basic & Thyroid: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Aetna, Clinical Policy Bulletin: Weight Reduction Medications and Programs and Number: 0039.

Decision rationale: The patient presents with back pain causing bilateral leg numbness and limit her ability to walk. She has no shooting leg pain. No sensation of her legs giving way. The request is for LABS: BASIC & THYROID. The request for authorization is dated 05/14/15. MRI of the lumbar spine, 06/20/14, shows Grade I anterolisthesis L4 on L5, in conjunction with severe bilateral facet arthrosis at this level and moderate diffuse disc bulge results in severe spinal canal stenosis; moderate diffuse spondylotic changes in the lumbar spine, moderate-severe bilateral neuroforaminal narrowing at L5-S1. Physical examination reveals positive for back pain. Motor R/L: 5/5. Sensory R/L: Normal. Straight Leg Raise: Negative. She previously had bilateral L4 and L5 TFEs x2 in 2005. She can't recall if it gave her short term relief. She has not had any recent PT. Patient's medications include Aspirin, Calcium, Cholecalciferol, Temovate, Allegra, Theragran, Naprosyn, Tafluprost, Ambien, and Elavil. The patient's work status is not provided. MTUS, NSAIDs Section, page 70 states, "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." MTUS, ACOEM and ODG guidelines are silent on thyroid tests. Aetna, Clinical Policy Bulletin: Weight Reduction Medications and Programs and Number: 0039, allows for Thyroid function tests (T3, T4, TSH) for the evaluation of obese or overweight individuals. Per progress report dated 05/13/15, treater's reason for the request is "for she had been on NSAIDs regularly for over a year now." In this case, review of provided medical records show patient's medications include Naproxen and Aspirin, both NSAIDs. MTUS supports the monitoring of BMP when patient is taking NSAIDs. However, treater does not provide medical rationale for thyroid testing. There is no discussion or documentation the patient to be obese or diagnosed with hypothyroidism. Therefore, the request IS NOT medically necessary.