MAXIMUS Federal Services

Case Number:	CM13-0003561		
Date Assigned:	03/03/2014	Date of Injury:	11/18/2003
Decision Date:	04/11/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/26/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Mangement and is licensed to practice in California. 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:

This is a patient with a date of injury of 11/18/03. A utilization review determination dated 7/16/13 recommends non-certification of lumbar TESI bilateral L3, L4, and L5. An open-ended request for Percocet was modified to #105. 10/2/13 medical report identifies severe low back and leg pain. Pain is bearable at 5/10 if he stays still and takes Percocet. He was able to get more than 50% relief with previous ESIs. On exam, SLR is positive at 25 degrees bilaterally. Sensation is mildly decreased along the L3-S1 dermatomes bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR TRANSFORAMIAL EPIDURAL STEROID INJECTION AT BILATERAL L3, L4 AND L5.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CHRONIC PAIN MEDICAL TREATMENT GUIDLINES, EPIDURAL STEROID INJECTIONS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, epidural Steroid Injections Section Page(s): 46.

Decision rationale: Regarding the request for lumbar transforaminal epidural steroid injection at bilateral l3, l4 and l5, Chronic Pain Medical Treatment Guidelines state that epidural injections

are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and no more than 2 nerve root levels should be injected using transforaminal blocks. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is documentation of 50% relief with prior injections, but no indication of functional improvement and decreased medication use for at least 6 weeks from those injections. Furthermore, transforaminal injections at more than 2 nerve root levels are not supported by the CA MTUS and there is no provision for modification of the current request. In light of the above issues, the currently requested lumbar transforaminal epidural steroid injection at bilateral l3, l4 and l5 is not medically necessary

PERCOCET10/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Section..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Section Page(s): 76-79.

Decision rationale: Regarding the request for Percocet, California MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Percocet is improving the patient's function, no documentation regarding side effects, and no discussion regarding aberrant use. Additionally, an open-ended request for the medication without a specified duration is not supported and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Percocet is not medically necessary