

Case Number:	CM13-0005849		
Date Assigned:	03/21/2014	Date of Injury:	03/20/2001
Decision Date:	04/24/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/01/2013

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 Management 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 3/20/11. A utilization review determination dated 7/22/13 recommends non-certification of a 3rd lumbar epidural injection at L3-4, L4-5, and L5-S1 and Norco #60. 6/26/13 medical report identifies that the patient is awaiting authorization with third lumbar epidural injection. On exam, there is tenderness and limited ROM of the lumbar spine. SLR and rectus femoris stretch do not demonstrate any nerve irritability. There is decreased sensation of the lower extremities in the bilateral L5 and S1 distributions with mild weakness of the right EHL/tibialis anterior.

IMR ISSUES, DECISIONS AND RATIONALES

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

THIRD (3RD) OUTPATIENT LUMBAR EPIDURAL INJECTION AT L3-4, L4-5 AND L5-S1: Upheld

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

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

Decision rationale: Regarding the request for third (3rd) outpatient lumbar epidural injection at l3-4, l4-5 and l5-s1, CA MTUS 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. 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 no documentation of at least 50% pain relief with associated reduction of medication use for six to eight weeks from the prior injection. Additionally, it is unclear why a three level injection would be indicated, despite a lack of guideline. In the absence of such documentation, the currently requested third (3rd) outpatient lumbar epidural injection at L3-4, L4-5 AND L5-S1 is not medically necessary.

NORCO 5/325MG 360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE OF OPIOIDS Page(s): 76-79.

Decision rationale: Regarding the request for Norco, California 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 Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Norco is not medically necessary.