

Case Number:	CM13-0010152		
Date Assigned:	11/06/2013	Date of Injury:	06/02/2002
Decision Date:	01/15/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Pain Medicine and is licensed to practice in Ohio and Texas. 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 physician 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 patient is a 35-year-old female who reported an injury on 06/02/2002 when she was involved in a motor vehicle accident. The patient was noted to have initially been diagnosed with thoracic outlet syndrome. She was noted to have treated with physical therapy, massage and chiropractic therapy. She also was reported to complain of ongoing pain to her arms, hand, neck back and shoulder. She was noted to have undergone bilateral stellate ganglion blocks, trigger point injections and Botox injections with some reported temporary relief of pain. She was reported to have been treating with OxyContin and oxycodone after delivering her children for ongoing relief of pain. She was noted to have undergone a previous MRI on an unstated date of the lumbar spine, which was reported to show an asymmetrical disc herniation. A clinical note dated 05/02/2013, signed by [REDACTED], reported that the patient's arm dystonia was better after the Botox injection. She had only temporary relief with the injection for her neck and shoulder pain. On 06/02/2013, [REDACTED] noted that she complained that her back and radicular leg pain were increasing again. The patient was noted to have limited range of motion of the lumbar spine with a positive straight leg raise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #36: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 78.

Decision rationale: The patient is a 35-year-old female who reported an injury to her neck, back, bilateral shoulders, arms and hands as well as low back pain in 2002 due to a motor vehicle accident. She was noted to have treated with extensive physical therapy, chiropractic therapy and massage therapy. She was reported to have been diagnosed with thoracic outlet syndrome, and she was also reported to have undergone stellate ganglion blocks as well as Botox and trigger point injections to the neck and shoulders. She was reported to have undergone epidural steroid injections in the past. The California MTUS Guidelines state that part of ongoing management of opioid drugs, or narcotics, should include ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects and note that a pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioids, how long it takes for pain relief and how long pain relief lasts. They also note that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. As there is no current documentation of the patient's current pain, least reported pain, average pain or that the patient received pain relief from the use of the oxycodone, how long the pain relief lasted or any improvement in the patient's functional status or improved quality of life with the use of the oxycodone; the requested oxycodone does not meet guideline recommendations. Based on the above, the request for oxycodone 5 mg #36 is non-certified.

lumbar epidural block: Upheld

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

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

Decision rationale: The patient is a 35-year-old female who reported an injury on 06/02/2002 when she was involved in a motor vehicle accident. She was reported to complain of ongoing low back pain with radiation of pain to the bilateral lower extremities and was reported to have undergone an MRI in the past, which was reported to show an asymmetrical disc herniation in the lumbar spine. She was noted to have undergone epidural steroid injections in the past with improvement of her pain, which successfully allowed her to taper pain medications. She was reported to complain of radiation of pain down the left leg greater than right leg and was noted to have a positive straight leg raise and decreased range of motion of the lumbar spine. The California MTUS Guidelines state that epidural steroid injections are recommended for the treatment of radiculopathy when findings of radiculopathy are documented by physical examination and corroborated by imaging studies. There was no documentation of a neurological examination noting any motor or sensory deficits of the lower extremity or any changes in the patient's deep tendon reflexes. In addition, although the patient was reported to have undergone an MRI in the past, the MRI was not submitted for review. In addition, there was no documentation of the length of time that the previous epidural steroid injections provided relief;

and as such, the requested lumbar epidural steroid injection does not meet guideline recommendations. Based on the above, the request for one (1) lumbar epidural block is non-certified.