MAXIMUS Federal Services

| Case Number: | CM13-0015068 | | |
|---|---|---|---|
| Date Assigned: | 10/04/2013 | Date of Injury: | 12/10/1993 |
| Decision Date: | 02/14/2014 | UR Denial Date: | 07/23/2013 |
| Priority: | Standard | Application Received: | 08/21/2013 |

## 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 Orthoepedic Surgery 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 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 claimant is a 51-year-old injured worker who reportedly injured their low back in a work related accident on 02/10/93. Recent clinical records for review indicated the claimant underwent an 08/27/13 left L5 epidural steroid injection under fluoroscopic guidance. A recent pain management follow up report dated 09/13/13 with [redacted] indicated continued complaints of pain about the low back and left lower extremity. It was documented that the patient had 60 percent improvement from prior injection. [redacted] described continued complaints radiating down the left leg with physical examination showing 4+/5 EHL and plantar flexion strength and diminished left L5 and S1 dermatomal sensation. Working assessment was strain to the lumbar spine. At that time, the claimant was diagnosed with failed back surgery syndrome for which the patient had an intrathecal Morphine pump placed. There were also recommendations for medications in the form of Vicoprofen dispensed, quantity 150 as well as Percocet dispensed, quantity 30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L3, L4, L5, TFESI:** Upheld

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

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

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, recommendations for transforaminal epidural injection at the left L3 through 5 level would not be indicated. Radiculopathy must be documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. Furthermore, in the therapeutic phase, repeat injections are only indicated at 50 percent improvement, with diminished use of medications as noted for eight weeks. The request in this case indicated a repeat injection less than three weeks following time of last procedure. Clinical records do not indicate compressive process at the three levels for which injections being recommended nor does the claimant have concordant findings on examination that would correlate with the L3, L4 and L5 level. The request for L3, L4, L5, TFESI, is not medically necessary and appropriate.

**Percocet 10-325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

**Decision rationale:** Based on MTUS Chronic Pain Medical Treatment Guidelines, continued use of Percocet would not be indicated. Records in this case indicate the claimant is diagnosed with failed low back syndrome and continues to utilize medications in the form of Vicodin for which they received 150 tablets as well as Percocet for which was recommended for 30 tablets at the time of last assessment on 09/13/13. It would be unclear as to why the claimant would need the use of intrathecal Morphine as well as not one but two short acting narcotic analgesics. The request for Percocet 10-325mg is not medically necessary and appropriate.