

<b>Case Number:</b>	CM13-0017056		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	10/11/2006
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 Medicine, and is licensed to practice in New York 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 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:

The injured worker is a 71 year old male injured on 10/11/06 when attempting to push a small aircraft out onto the runway in preparation for flight. The injured worker felt sudden onset of low back pain. Current diagnoses included failed back surgery syndrome, status post right L4-5 partial laminectomy with microdiscectomy, bilateral L5 and S1 lumbar radiculopathy, lumbar facet hypertrophy at L4-5 and L5-S1, chronic myofascial pain syndrome, and right knee medial meniscus injury. Prior treatments included medication management, bilateral L5, L4, and L3 medial branch radiofrequency lesioning, and lumbar epidural steroid injections. The clinical note dated 5/21/13 indicated that the injured worker presented complaining of intermittent flare ups of low back pain rated at 5/10 on VAS. The injured worker reported significant pain relief following radiofrequency lesioning; however, prolonged sitting, descending stairs, and lifting heavy objects increased pain. The injured worker reported occasional radicular pain in the right lower extremity with associated numbness and tingling and paresthesia. The clinical note dated 7/30/13 indicated that the injured worker reported severe escalation of low back pain shooting down bilateral lower extremities, left greater than right with associated numbness and tingling and paresthesia rated at 7/10 on VAS. The injured worker also reported edema in the lower extremities. Physical examination revealed restricted range of motion in the lumbar spine; hyperextension maneuver of the lumbar spine positive; increased lumbar lordosis; diminished sensation to touch along medial and lateral border of left leg, calf, and foot; left sided stretch test positive; manual motor strength 5/5 straight leg raise positive bilaterally; and pitting edema bilaterally. An agreed medical evaluation indicated post-operative MRI on 6/12/08 demonstrated correction of disc herniation with epidural steroid injection performed by [REDACTED] without beneficial effect. Transforaminal lumbar epidural steroid injection via right L4-5 and right L5-S1

on 1/2/09 reported some decrease in leg symptoms with continued burning sensation in the right calf and foot with moderate tenderness in the right low back. The injured worker received a second right L4-5 neural foraminal epidural steroid injection with L5-S1 epidural steroid injection on 11/3/08. The injured worker underwent bilateral rhizotomy at L3-5 on 2/20/13 with reported 70%-80% pain relief. Medications included Tylenol 3, Neurontin 600mg, Protonix 20mg, and Zanaflex 4mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **LEFT-SIDED L5, S1 TRANSFORAMINAL AND CAUDAL EPIDURAL STEROID INJECTION: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

**Decision rationale:** As noted on page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. Per the MTUS, radiculopathy must be documented and objective findings on examination need to be present. Additionally, radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. There were no official imaging reports submitted for review. 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. The documentation indicated the rhizotomy performed on 2/20/13 provided 70% reduction in pain relief for several months; however, there is no indication in the documentation regarding the duration relief obtained from prior epidural steroid injections. The agreed medical examination indicated prior epidural steroid injections provided minimal relief in pain symptoms. As such, the request is not medically necessary.

#### **TYLENOL NO. 3: Overturned**

**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 9792.20, OPIOIDS, CRITERIA FOR USE Page(s): 77.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. The appeal letter indicates that the medication is utilized for breakthrough pain purposes only, not ongoing regular use. As the clinical documentation provided for review

supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, this medication is recommended as medically necessary at this time.