

<b>Case Number:</b>	CM13-0024539		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	11/26/2002
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 & Rehabilitation 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 patient is a 58-year-old female who reported an injury on 11/24/2003. The patient is diagnosed with chronic low back pain, lower extremity pain, L4-5 spondylolisthesis, lumbar spinal stenosis, degenerative L5-S1 disc, lumbar facet joint arthropathy, regional myofascial pain, ADHD, and depression. The patient was seen by [REDACTED] on 09/03/2013. The patient reported 7/10 to 8/10 with lower extremity pain. Physical examination revealed diffuse tenderness to palpation, positive straight leg raising on the left, and painful range of motion. Treatment recommendations included continuation of current medication and an L4 through S1 epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4-S1 transforaminal epidural steroid injection under fluoroscopic guidance:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other

rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should prove initially unresponsive to conservative treatment. As per the clinical notes submitted, the patient's latest MRI of the lumbar spine was submitted on 01/07/2003 which indicated no focal disc protrusion nor central spinal stenosis or foraminal narrowing at L5-S1 and grade I spondylolisthesis at L4-5 causing marked central spinal stenosis and bilateral caudal foraminal narrowing. The patient's latest physical examination revealed positive straight leg raising on the left and tenderness to palpation. There is no documentation of a recent failure to respond to conservative treatment prior to the request for an epidural steroid injection. There is no dermatomal evidence of decreased motor or sensory function upon physical examination. Additionally, there is no evidence of radiculopathy at L5-S1 on imaging study. Based on the clinical information received the request is non-certified.

**Percocet 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82..

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report high levels of pain with lower extremity radiculopathy. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, continuation cannot be determined as medically appropriate. As such, the request is non-certified.

**Fentanyl Patch 50mcg #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82..

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report high levels of pain with lower extremity radiculopathy. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in

function, or improved quality of life. Therefore, continuation cannot be determined as medically appropriate. As such, the request is non-certified.

**Valium 5mg#60:** Upheld

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

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**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24..

**Decision rationale:** California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. As per the clinical notes submitted, the patient does not demonstrate palpable muscle spasm or muscle tension upon physical examination. The patient has continuously utilized this medication. Despite the ongoing use, the patient continuously reports high levels of pain with lower extremity radiculopathy. Satisfactory response to treatment has not been indicated. As guidelines do not recommend chronic use of this medication, the current request cannot be determined as medically appropriate. As such, the request is non-certified.