

<b>Case Number:</b>	CM13-0027026		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	01/24/2002
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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:

The injured worker is a 71 year old male injured on 01/24/02 while responding to alarm he stepped in mud, falling and causing injury to neck, low back, and left knee. Current diagnoses include herniated nucleus pulposus (HNP) of lumbar spine with stenosis, lumbar radiculopathy, of cervical spine with stenosis, and chronic mid back pain. Agreed Medical Evaluation (AME) dated 07/09/13 indicated the injured worker presented complaining of neck, mid back, and low back pain. The injured worker was under the care of [REDACTED] for general orthopedic complaints. Previous chiropractic treatment provided mild relief and six visits of acupuncture treatment provided no relief. The injured worker had history of two lumbar epidural steroid injections with the first bilateral L4-5 providing three to four months of relief and the second at L4-5 providing only three days of relief. The injured worker had not undergone surgical intervention to the neck or back. The injured worker complained of pain rated 6/10 radiating with numbness and tingling down bilateral lower extremities to the feet. Current medications included Flexeril and Elavil without relief of symptoms. Physical examination revealed antalgic gait, tenderness to palpation of the cervical/thoracic/lumbar paraspinals, decreased range of motion in all planes of the cervical spine/thoracic spine/lumbar spine, upper extremities and lower extremities sensation intact bilaterally, motors examination 5/5 to bilateral lower extremities, and straight leg raise positive bilaterally. Plan of care included repeat lumbar epidural steroid injection bilaterally L4-5 roots, discontinue Flexeril and Elavil, and initiate trial of Tramadol ER 150mg daily. The initial request for transforaminal epidural steroid injection bilateral L4-5 roots #1, Tramadol ER 150mg #90, and pain management follow up #1 was initially denial on 09/09/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSFORAMINAL EPIDURAL STEROID INJECTION BILATERAL L4-L5 ROOTS QTY1:00: 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 (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 (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Additionally, Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. 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 injured worker had history of two lumbar epidural steroid injections with the first bilateral L4-5 providing three to four months of relief and the second at L4-5 providing only three days of relief. As such, the request for transforaminal epidural steroid injection bilateral L4-L5 roots quantity 1:00 is not medically necessary.

**TRAMADOL ER 150MG QTY: 90.00: 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 Opioids, criteria for us Page(s): 77.

**Decision rationale:** As noted on page 77 of 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. The documentation indicates the intent to discontinue Flexeril and Elavil, and initiate trial of Tramadol ER 150mg daily. Based on review of the medical records provided, the medical necessity of Tramadol ER 150MG quantity: 90.00 is medically necessary.

**PAIN MANAGEMENT FOLLOW-UP QTY 1:00: 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 Low back Complaints, page(s) Follow-up visits.

**Decision rationale:** As noted in the Low back complaints section of Chronic Pain Medical Treatment Guidelines, follow-up evaluations should occur no later than 1 week into the acute pain period. ACOEM indicates, at the other extreme, in the stable chronic low back pain setting, follow-up may be infrequent, such as every six months. The documentation indicates the injured worker was evaluated by orthopedic specialist and pain specialist in November of 2012 with referral to primary care physician. There is no indication in the documentation that the injured worker has had a significant alteration in her status, acute injury, or requires treatment out of the scope of the primary care provider. Additionally, the request did not specify the intent for referral and issues to be addressed. As such, the request for pain management follow-up quantity 1:00 is not medically necessary.