

<b>Case Number:</b>	CM13-0027085		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	04/19/2005
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	09/12/2013
<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 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 Rehabilitation, has a subspecialty in Pain Management, 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.

### 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 40-year-old with a date of injury from 4/19/05. Report from 6/19/13 lists lumbar myoligamentous strain, r/o L4-5 herniation, s/p L5-S1 fusion (from 2007), left radiculopathy as diagnoses. Presenting symptoms are pain in low back with left leg radiation. MRI of L-spine from 10/11/12 showed surgically fused L5-S1, decompression at L5-1, no abnormal enhancement with contrast, diffuse disc protrusion at L4-5, bilateral neuroforaminal narrowing effacing bilateral L4 nerves. Examination showed reduced ROM (range of motion) with tightness of paraspinal muscles. The treater has asked for a course of lumbar ESI (epidural steroid injection), in a series of three, along with facet branch block at L4-5 and L5-S2 for therapeutic and analgesic purposes to reduce pain and increase functional capability. Treater describes facet injection as an intra-articular injection with arthrography for both therapeutic and diagnostic purposes. The request is also for Norco, and surgical clearance with internal medicine evaluation. EMG/NCV studies from 1/21/13 was normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An outpatient series of three lumbar spine epidural steroid injections (ESIs) with facet block for L4-L5 and L5-S1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 30-301,Chronic Pain Treatment Guidelines Page(s): s 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Epidural Steroid Injections Chapter.

**Decision rationale:** This patient presents with history of lumbar fusion at L5-1. An updated MRI showed diffuse protrusion/bulge at L4-5 with mild bilateral foraminal stenosis. The patient continues to have pain in low back and the left leg. The treater has asked for lumbar ESI (epidural steroid injection) and therapeutic/diagnostic facet joint injections. Examination only showed tenderness and reduced range of motion only. The Chronic Pain Medical Treatment Guidelines requires a clear diagnosis of radiculopathy including exam findings and imaging studies. In this study, examination findings are lacking for radiculopathy. There are no dermatomal pattern of pain/paresthesia documented. There are no SLR's (straight leg raise tests). MRI showed broad protrusion at L4-5 without an obvious nerve root lesions. EMG (electromyogram) findings are negative from 1/29/13. The treater has also asked for facet joint diagnostic/therapeutic injections. However, the ODG guidelines do not support performing multiple different injections on the same date. It may be reasonable to perform diagnostic facet evaluation via preferably dorsal median branch blocks but the treater has asked for ESI and facet injections together. The request for an outpatient series of three lumbar spine epidural steroid injections with facet block for L4-L5 and L5-S1 is not medically necessary or appropriate.

**Physiotherapy, twice per week for six weeks, on the lumbar region:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 298-300,Chronic Pain Treatment Guidelines Page(s): s 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 98-99.

**Decision rationale:** The Physician Reviewer's decision rationale: This patient has history of lumbar fusion at L5-1 and presents with persistent pain in low back and left leg. Lumbar surgery was from 2007 and currently out of post-operative time frame. Review of the reports show that the patient continues experience chronic pain but quantification of pain is not described. On 2/15/13, the treater requested Aquatherapy and it is not known whether or not this has been authorized or provided. There were no discussion of any other therapy sessions over the last 6 months or more. It may be reasonable to provide some therapy from time to time to address the patient's chronic painful condition to address flare-up's, functional decline, or new injury. However, MTUS allows 8-10 sessions for this type of condition, such as myalgia, myositis, neuritis and radiculitis. The request for physiotherapy, twice per week for six weeks, on the lumbar region, is not medically necessary or appropriate.

**internal medicine evaluation for surgical clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 298-300, Chronic Pain Treatment Guidelines Page(s): s 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 46-47.

**Decision rationale:** Since the request for ESI and facet injections are not recommended, there is no need for an internal medicine clearance. The request for an internal medicine evaluation for surgical clearance is not medically necessary or appropriate.

**Norco 10/325mg, 1 tablet every 4-6 hours as needed for severe pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 75, 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 88-89.

**Decision rationale:** This patient presents with chronic low back and left lower extremity pain. The treater has been prescribing Norco for quite some time now. However, there are no documentation of pain assessment, functional improvement with use of Norco. On each visit, the treater states, "medications have been of benefit and will continue to use them as prescribed." However, there is no quantification of the patient's pain, no numerical scale of functioning is provided. The Chronic Pain Medical Treatment Guidelines requires functioning to be documented using a numerical scale or a validated instrument at least once every 6 months. In this patient, despite review of reports from 1/21/13 to 10/4/13, I did not see a single incidence of pain assessment using a validated instrument or a numerical scale. The Chronic Pain Medical Treatment Guidelines furthermore requires, under outcome measure, current pain; least pain; average pain; time it takes for medication to take effect; duration of pain relief with medication, etc. The treater does not provide any of this information. The request for Norco 10/325mg, 1 tablet every 4-6 hours as needed for severe pain, is not medically necessary or appropriate.