

<b>Case Number:</b>	CM13-0034506		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	08/15/2012
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 46-year-old female with a date of injury 08/15/2012. The listed diagnosis per [REDACTED] is degenerative disk disease, lumbar. According to report 08/26/2013 by [REDACTED], the patient presents with continuing complaints of low back pain which radiates down the posterior aspect of the right lower extremity to the bottom of the right foot. On physical examination, there is tenderness in the midline of the lower lumbar spine. Range of motion of the lumbar spine is reduced with aspect to flexion, extension, and lateral flexion as well as left lateral rotation. There is pronounced motor deficit in the right lower extremity and modest motor deficit in the left lower extremity. There is a sensory deficit to light touch in the right lower extremity. Straight leg raise test is negative bilaterally. MRI of the lumbar spine dated 09/15/2013 showed L1 to L4 mild disk bulge without central stenosis and no significant central stenosis or foraminal stenosis. L5 to S1 had no significant abnormality. The treater is requesting the patient undergo a right L3-L4, L4-L5, and L5-S1 transforaminal epidural steroid injection under fluoroscopy guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A series of two lumbar epidural steroid injections:** 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, 47.

**Decision rationale:** This patient presents with continued low back pain that radiates down to the right lower extremity. The treater is requesting a series of 2 lumbar ESI injections at 3 levels, level L3-L4, L4-L5, and L5-S1. The MTUS Guidelines page 46 and 47 recommends ESI as an option for treatment of "radicular pain defined as pain in dermatomal distribution with corroborating findings on imaging studies." In this case, the MRI results only show mild disk bulge with no significant central stenosis or foraminal stenosis. In addition, the treater is requesting a 3-level ESI. MTUS does not allow for more than 2-level injections at a time. Recommendation is for denial.

**Percocet 5/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 61.

**Decision rationale:** This patient presents with continued low back pain that radiates into the right lower extremities. The treater is requesting Percocet 5/325 mg #90. As medical records indicate, this patient was seen by [REDACTED] from 03/15/2013 to 08/06/2013. These reports indicate this patient was taking Tylenol for pain management. The patient was then transferred to a new pain management physician, [REDACTED]. On 08/26/2013, [REDACTED] provides patient with a prescription for Percocet 5/325 one half to one tablet p.o. p.r.n. for pain. The MTUS page 76 to 78 criteria for initiating opiates recommends that reasonable alternatives have been tried and to considering patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be made. Once the criteria have been met for a trial, a new course of opiate may be tried. In this case, the treater does not provide baseline pain or any functional assessment to justify start of a new opioid. There is no discussion regarding why an opiate is being started when the patient was just on Tylenol with previous physician. No pain and functional levels are provided to determine whether or not additional medications are indicated. Recommendation is for denial.