

<b>Case Number:</b>	CM13-0051625		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/01/2006
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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, and is licensed to practice in Oklahoma 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 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:

This is a female patient who reported an injury on 12/1/06. The patient is currently diagnosed with disc degeneration of the lumbar spine, status post anterior-posterior fusion, solid arthrodesis, and continued neuropathic pain. The patient was seen by [REDACTED] on 9/12/13. She reported significant radicular pain across the lumbar spine. Physical examination revealed no acute distress, no evidence of focal deficits in the upper extremities, weakness of the tibialis anterior, pain across the sciatic notch in the L4 and L5 nerve root distributions, and good range of motion of bilateral lower extremities. Treatment recommendations included a referral to pain management, a spinal cord stimulator trial, a lumbar caudal epidural injection at L4-5, post-injection physical therapy, and Nucynta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**lumbar caudal epidural injection at L4-L5:** 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 that epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehabilitative efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the documentation submitted, the patient's physical examination does not reveal signs or symptoms of radicular pain. There are no imaging studies or electrodiagnostic reports submitted for review. There is also no evidence of a recent failure to respond to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

**8 physical therapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**pain management referral for evaluation and treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation State of Colorado Department of Labor and Employment, page 56

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92, Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** The California MTUS/ACOEM guidelines state that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or if there is difficulty obtaining information or agreement to a treatment plan. The patient has a history of chronic pain in multiple regions. The patient has undergone an extensive amount of physical therapy, steroid injections, pain medication, and is status post anterior and posterior fusion with solid arthrodesis and ongoing neuropathic pain. However, the patient was previously authorized for a pain management consultation in February 2013. While the patient may meet criteria for a pain management referral for evaluation, any requested treatments thereafter would need separate review. Therefore, the current request is non-certified.

**trial of a spinal cord stimulator:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-107.

**Decision rationale:** The California MTUS guidelines state that indications for stimulator implantation include failed back surgery syndrome, complex regional pain syndrome, post amputation pain, postherpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis, and/or peripheral vascular disease. The patient does maintain a diagnosis of failed back surgery syndrome with ongoing lower extremity and neuropathic pain. However, there is no evidence of a psychological evaluation for clearance. Additionally, there is no evidence of an evaluation for possible substance abuse issues. Pending a psychological clearance and evaluation for substance abuse issues, a spinal cord stimulator trial cannot be determined as medically appropriate. Therefore, the request is non-certified.

**Nucynta:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The California MTUS guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The Official Disability Guidelines state that Nucynta is recommended as a second line option for patients who develop intolerable adverse effects with first line opioids. As per the documentation submitted, there is no evidence of a failure to respond to first line medication prior to the request for a second line option. Therefore, the patient does not meet criteria for the requested medication. As such, the request is non-certified.