

Case Number:	CM13-0053785		
Date Assigned:	12/30/2013	Date of Injury:	11/04/2012
Decision Date:	09/29/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/18/2013

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 and 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 43 year old female who reported a date of injury of 11/04/2012. The mechanism of injury was not indicated. The injured worker had diagnoses of L4-5 disc annular tear, disc herniation with facet syndrome and discopathy with mechanical instability of the lumbar spine. Prior treatment included a facet rhizotomy, psychotherapy and biofeedback. The injured worker had an x-ray on 08/07/2014 with unofficial findings of mild facet arthropathy, facet tropism and collapse of the L4-L5 and L5-S1 disc spaces. An MRI of the lumbar spine was performed on 02/05/2014 with official findings of mild lumbar spondylosis, at L4-L5 with mild neural foraminal narrowing. The injured worker had complaints of pain to the low back rated 5-6/10. The injured worker stated she felt a clicking and popping on the left side of her back and the facet rhizotomy had helped her pain. The clinical note dated 08/07/2014 noted the injured worker had tenderness to the thoracolumbar spine down to the base of the pelvis. The paralumbar musculature was tight bilaterally and the injured worker had tenderness to the pelvis. The range of motion in the lumbar spine showed 20 degrees of flexion, 15 degrees of extension, and 15 degrees of tilt to the right and left. Testing of strength caused the injured worker mild pain, numbness was noted with the neurovascular examination, and a mild sciatic stretch was noted bilaterally. Medications included Valium, Norco and flexeril. A urine drug screen was performed on 01/14/2014, the official report indicated the injured worker had not been using any medications. The treatment plan included recommendations for prescribing flexeril and chiropractic treatment. The rationale and request for authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

A single Interlaminar epidural steroid injection at the L5-S1: Upheld

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

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

Decision rationale: The request for a single interlaminar epidural steroid injection at the L5-Sa is not medically necessary. The injured worker had complaints of pain to the low back rated 5-6/10. The California MTUS guidelines recommend epidural steroid injections as an option for the treatment of radicular pain. The guidelines note patients must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is a lack of documentation indicating the injured worker has failed conservative treatments. Upon physical examination, the injured worker's sensation and deep tendon reflexes were intact. There is a lack of documentation indicating the injured worker has significant objective findings indicative of a neurologic deficit. The MRI of the lumbar spine does not indicate any significant nerve impingement is present to the requested levels. As such, the request is not medically necessary.

Norco 5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: The request for norco 5/325mg is not medically necessary. The injured worker had complaints of 5-6/10 low back pain and stated she felt a clicking and popping on the left side of her back. The California MTUS guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There is a lack of documentation of the injured worker's pain relief as well as a complete assessment of the injured worker's pain including current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed as well as the quantity of the medication being requested in order to determine the necessity of the medication. As such, the request is not medically necessary.

