

<b>Case Number:</b>	CM13-0057698		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/14/2011
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Orthopedic Surgery, has a subspecialty in Hand Surgery 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 records presented for review note the date of injury as September, 2011. The preauthorization certified the use of the medication Norco, Cymbalta and Gralise. A transforaminal epidural steroid injection and the medication Percocet were not certified. The injury was noted be a low back strain. MRI noted significant degenerative changes. There was electrodiagnostic evidence of a chronic S1 radiculopathy. A decrease to range of motion and lower extremity sensation is reported. Deep tendon reflexes were also reduced. A previous report noted multiple providers providing opiate medications. The records reflect previous epidural steroid injections have been completed. The efficacy of such a procedure has not been objectified. Previous examiners have determined the injured employee to be "permanent and stationary".

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TRANSFORAMINAL LUMBAR EPIDURAL INJECTION L4 AND L5: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** There is objectification of a specific nerve root lesion. Previous injections have reportedly demonstrated some efficacy. Given the amount of medications being employed, this would represent an appropriate attempt to reduce the amount of narcotic medications required. Therefore, when noting the parameters outlined in the MTUS and the data presented, this request is medically necessary.

**PERCOCET:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**Decision rationale:** The records reflect that other narcotic medications are being employed. Furthermore, there is indication that this claimant receives narcotic medications from multiple providers. Therefore, when noting the parameters for the chronic use of opioid medications, that there is no noted opioid contract or periodic urine drug screening and that there is indication of drug seeking behaviors, there is insufficient clinical evidence to support this request.