

Case Number:	CM13-0064917		
Date Assigned:	01/03/2014	Date of Injury:	10/16/2001
Decision Date:	03/31/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/12/2013

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 & Rehabilitation 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. 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 47-year-old injured worker with a 10/16/01 date of injury. There is documentation of subjective findings for bilateral low back pain and lower extremity pain. Objective findings include focal tenderness in the bilateral lumbar paraspinal. Current diagnoses consist of Sacroiliitis, lumbosacral spondylosis, and lumbar radiculopathy. Treatment to date includes lumbar epidural steroid injections, activity modification, and medications. Report indicates that the patient had a previous lumbar epidural steroid injection with unquantified pain relief. There is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, functional response, and the specific levels to be addressed. In addition, there is no documentation of short-term treatment with opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three epidural caudal approach injections including fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The MTUS/ACOEM Guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. The Official Disability Guidelines (ODG) identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of Sacroiliitis, lumbosacral spondylosis, and lumbar radiculopathy. In addition, there is documentation of a previous lumbar epidural steroid injection. However, there is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response. Additionally, there is no documentation of the specific levels to be addressed. Furthermore, the proposed number of injections exceeds guidelines. The request for three epidural caudal approach injections including fluoroscopy is not medically necessary and appropriate.

1 prescription of Norco 7.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Norco. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that opioids for chronic back pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited, as criteria necessary to support the medical necessity of Norco. Within the medical information available for review, there is documentation of diagnoses of Sacroiliitis, lumbosacral spondylosis, and lumbar radiculopathy. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of prescriptions for Norco since at least 3/20/13, there is no documentation of short-term treatment with opioids. Therefore, based on guidelines and a review of the evidence, the request for Norco 7.5/325mg #60 is not medically necessary.