

<b>Case Number:</b>	CM13-0071151		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Texas and Ohio. 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 58-year-old female who reported an injury on 07/18/2011 due to a fall. The EMG note dated 06/07/2012 revealed no electrical evidence of a lumbar radiculopathy or flexopathy affecting the L3 to S1 lower motor nerve fibers of the right lower extremity, or the corresponding lumbar paraspinals, and no electrical evidence of a peripheral neuropathy or mononeuropathy affecting the right lower extremity. The clinical note dated 10/08/2013 noted the injured worker presented with complaints to the lumbar spine at a 6/10 on the pain scale, decreased to 0/10 while taking Norco. On physical exam, the lumbar spine revealed painful range of motion, tenderness to palpation over the paravertebral musculature and lumbosacral junction, a positive straight leg raise eliciting pain to the right calf, and decreased sensation over the right L5-S1. Diagnoses include right foot/ankle strain and possible tarsal tunnel syndrome with mild or moderate arthrosis, lumbar musculoligamentous sprain/strain, and right sacroiliac joint strain. Treatment plan included a pending lumbar epidural steroid injection, continued home exercise program, and a request for refill of Norco. The provider recommended a lumbar epidural steroid injection and Norco, and the request for authorization form was dated 10/08/2013. The provider's rationale for the request was not included in the medical documents.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL STEROID INJECTION:** Upheld

**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 Injections Page(s): 46.

**Decision rationale:** The CA MTUS recommend ESI as an option for treatment of radicular pain. An epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There was little information on improved function. The criteria for use for an ESI are radiculopathy must be documented by physical examination, the injured worker must be initially unresponsive to conservative treatment such as exercise, physical methods, and medication, and injections should be performed using fluoroscopy. If used for diagnostic purposes, the maximum of 2 injections should be performed. The included medical documents noted an EMG within normal limits, positive straight leg raise and decreased sensation. There was a lack of documentation that the injured worker was initially unresponsive to conservative treatment. The provider's request does not include the use of fluoroscopy, and it does not include the level at which the injection was to take place. Therefore, the request for a lumbar steroid injection is not medically necessary and appropriate.

**NORCO 2.5/325 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The MTUS Guidelines also recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. In this case, there is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse behavior, and side effects. The injured worker has been prescribed Norco since at least 10/8/2013. The frequency of the medication was not provided in the request as submitted. Therefore, the request for Norco 2.5/325mg # 60 is not medically necessary and appropriate.