

<b>Case Number:</b>	CM14-0009784		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	10/13/2012
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Occupational 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 claimant is a 44 year old female with a low back injury from 1/13/12. She slipped and fell on a chili husk. She had lumbar spine degenerative disc disease, facet joint arthropathy, and right hip arthritis. There was lumbar pain rated at 8 out of 10. The pain refers to the right hip buttocks and leg. An MRI from 5-3-13 showed a 4 mm disc bulging, but no overt disc herniations. A right L4-5 and L5-S1 transforaminal ESI was noted, but objective functional improvements or pain improvement over 50% for 6-8 weeks is not documented. There was tenderness along the lumbar paraspinal muscles, right SI joint and right sciatic notch. There was a right antalgic gait. There was a June 26, 2013 initial orthopedic report. The diagnosis was lumbar spine strain and left greater than right sciatic; mild degenerative changes at L3-4, L4-5 and L5-S1 on x-ray from 6-26-13. She had by this point 20 sessions of therapy and 24 sessions of acupuncture. The rationale for the baseline FCE is to assess the status at the beginning of treatment. There was a July 22, 2013 appeal on the denial. She had no prior chiropractic care. Several denials and appeals and debate regarding necessity was noted and reviewed from [REDACTED]. A 12-19-13 [REDACTED] report also noteworthy. The assessment was again lumbar disc disease, radiculopathy, lumbar facet syndrome, right SI joint arthropathy and right hip osteoarthritis. The MRI from January 7, 2013 showed multilevel degenerative disc disease. It was greatest at L4-5. There was a repeat MRI on May 13, 2013 showed multilevel degenerative disease. There was a follow up with [REDACTED] on January 16, 2014. She still has low back pain and right leg radiculopathy. [REDACTED] did an AME on January 26, 2014. The injury was a slip and fall at work. There was L2-3 disk herniation, sleep disturbance, and reflux.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 2.5MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 88 of 127.

**Decision rationale:** In regards to long term use of opioids, the MTUS Chronic Pain Guidelines poses several analytical questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of objectively measured functional improvement with the regimen. The request for long-term opioid usage is not medically necessary and appropriate per the MTUS Chronic Pain Guidelines.

**Right L4-5 and L5-S1 Transforaminal Epidural Injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 47 OF 127.

**Decision rationale:** The MTUS recommends this injection as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS Chronic Pain Guidelines indicates radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing is not met. The MRI is equivocal for overt disc herniation. At best, the January 26, 2014 orthopedic AME notes L2-3 disc herniation, but not at the levels of this proposed ESI. At that level, there are degenerative changes, but again no overt disc herniation. Further, the criterion for repeat ESI is at least 6-8 weeks of pain and improvement in function at least 50% and the outcomes from previous ESI do not meet this criterion. As such, the request is not medically necessary and appropriate.