

<b>Case Number:</b>	CM14-0105411		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/05/1998
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California and Washington. 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 48-year-old male who reported an injury on 03/05/1998. The mechanism of injury was not provided. On 03/04/2014, the diagnoses presented were lumbar radiculopathy, depression, and anxiety. Upon examination, the injured worker's pain has been increased due to a recent fall. Current medications included Talwin, tramadol, and Celebrex. There was tenderness noted to the lumbar spine and left knee pain due to a fall. The provider recommended Talwin, bilateral facet blocks from L4-5 and L5-S1, and an epidural steroid injection from L5-S1. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Talwin NX #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78..

**Decision rationale:** The request for Talwin NX #180 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The

guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of documentation of an objective assessment of the injured worker's pain level, functional status, appropriate medication use, and side effects. Additionally, the efficacy of the prior use of the medication was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

**Bilateral Facet Blocks L4-5 & L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Block.

**Decision rationale:** The request for Bilateral Facet Blocks L4-5 & L5-S1 is not medically necessary. The California MTUS/ACOEM Guidelines state diagnostic and/or therapeutic injections may have benefit in an injured worker presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines further state that criteria for use of a diagnostic block are limited to injured workers with pain that is nonradicular, no more than 2 joint levels injected in 1 session, and evidence of failure to respond to conservative treatment to include home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 weeks to 6 weeks. The provider noted that the injured worker had tenderness to the lumbar spine. More information is needed as to the results of the straight leg raise test, sensory examination, motor strength, and tenderness to the specific paravertebral areas that the injections are being requested for. There is a lack of documentation on prior therapies the injured worker underwent and the efficacy of those prior treatments. As such, medical necessity has not been established.

**Transluminal Epidural Steroid Injection L5-S1: Upheld**

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

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

**Decision rationale:** The request for Transluminal Epidural Steroid Injection L5-S1 is not medically necessary. According to the California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging and/or electrodiagnostic testing. Additionally, documentation should show the injured worker was initially unresponsive to conservative treatment. The injections should be performed with the use of fluoroscopy for guidance and no more than 2 levels should be injected using transforaminal blocks. The documentation submitted for review did not indicate that the injured

worker had completed initially recommended conservative treatment. The included physical examination documentation noted tenderness to the lumbar spine. More information is needed to address the results of a straight leg raise, motor strength, and sensory deficits. Physical examination findings do not corroborate radiculopathy with electrodiagnostic testing and/or MRI findings. In addition, the documentation failed to show the injured worker would be participating in an active treatment program following the requested injection. As such, medical necessity has not been established.