

Case Number:	CM14-0111249		
Date Assigned:	08/01/2014	Date of Injury:	05/27/2010
Decision Date:	09/16/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/16/2014

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. 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 52-year-old male who reported an injury on 05/27/2010. The mechanism of injury involved a fall. The current diagnoses include lumbar disc bulging, rule out discogenic pain, lumbar stenosis, lumbar radiculopathy, lumbar facet arthropathy, sacroiliac joint pain, and opioid dependence. The injured worker was evaluated on 06/19/2014 with complaints of persistent pain. Previous conservative treatment includes medication management and epidural injections. It is noted that the injured worker underwent a lumbar transforaminal epidural injection on 09/26/2012, 3 caudal epidural steroid injections, and 2 transforaminal epidural injections in 2011. The injured worker is also compliant with a home exercise program and a ██████████ Weight Loss Program. Physical examination on that date revealed limited and painful range of motion of the lumbar spine, facet joint tenderness, left sacroiliac joint tenderness, positive Kemp's testing, negative straight leg raising, normal motor strength, and intact sensation. Treatment recommendations at that time included a repeat epidural steroid injection, continuation of a home based weight reduction program, a follow-up with a spine surgeon, and continuation of the current medication regimen of oxycodone 10 mg and Norco 10/325 mg. A Request for Authorization Form was then submitted on 06/23/2014 for bilateral L5 transforaminal epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 transforaminal epidural injection qty 1: Upheld

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

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no objective evidence of radiculopathy upon physical examination. There was also no documentation of objective functional improvement following the initial injections. As such, the request is not medically necessary.

Oxycodone 10mg qty 120: Upheld

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

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

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 01/2014. There is no documentation of objective functional improvement. There is no frequency listed in the request. As such, the request is not medically necessary.

Norco 10/325 mg qty 120: Upheld

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

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

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 01/2014. There is no documentation of objective functional improvement. There is no frequency listed in the request. As such, the request is not medically necessary.

Follow up visit with spine surgeon qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physician follow-up can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. As per the documentation submitted, the injured worker's surgery has been delayed secondary to the injured worker's current weight gain. The injured worker is currently participating in a home exercise program and a [REDACTED] Weight Loss Program. However, it is documented that the injured worker's weight has remained the same. There is also no documentation of a progression or worsening of symptoms or physical examination findings. The medical necessity for the requested referral has not been established. As such, the request is not medically necessary.