

Case Number:	CM14-0114790		
Date Assigned:	08/04/2014	Date of Injury:	09/02/2001
Decision Date:	10/01/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/22/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 36 year old male who reported an injury on 09/02/2001. The mechanism of injury was not provided. His diagnoses were listed as chronic back pain with chronic radiculitis in the left lower extremity, lumbar degenerative disk disease, sacroiliac ligament sprain or strain, and spondylolisthesis. The past treatments included ice and heat, chiropractic treatment, epidural injections, nerve blocks, facet arthrography, and medications. The diagnostic studies were noted as an x-ray of the lumbar spine on 10/11/2005, an MRI of the lumbar spine on 10/11/2005, and a repeat MRI of the lumbar spine performed on 01/15/2007 that was noted to show similar findings from the previous report with severe L5-S1 degenerative disc disease, grade 1 spondylolithesis, and severe foraminal stenosis. An official lumbar spine MRI was also performed on 04/16/2014, with findings of very mild disc desiccation and disc space narrowing, small circumferential disc bulge at the L4-L5 level and severe left and moderate right neural foraminal narrowing at the L5-S1 level. There were no relevant surgical procedures noted. On 02/04/2014, the injured worker complained of slowly increasing pain in the lower back that became more severe since November of 2013. He rated his pain as a 9/10 without medication and 5-6/10 with medication. He reported that he experienced 60% pain relief after a transforaminal epidural steroid injection in July 2013. Upon physical examination, there was a positive left straight leg raise. The injured worker was noted to have increased low back pain and left lumbar radiculopathy in an L5 distribution. There was hypoesthesia of the left lateral leg and dorsum of the left foot. The deep tendon reflexes to the patella were 2/4 and 1/4 to the Achilles. No severe motor deficit was noted. The medications were listed as Norco 10/325 mg and Robaxin 750 mg, Thermacare patch, and Bengay ultra strength. The treatment plan was a recommendation for repeat bilateral L5-S1 transforaminal epidural steroid injections, a urine drug screen, and medication refill. The rationale for the request was due to the significant relief

from the previous injections. The request for authorization form was signed and submitted on 02/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral Transforaminal Epidural Steroid Injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections.

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

Decision rationale: The California MTUS Guidelines recommend no more than two epidural steroid injections. Epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The injured worker reported that he experienced 60% pain relief after a transforaminal epidural steroid injection in July of 2013. The clinical documentation did not adequately provide evidence of pain and functional improvement, with reduction of medication use for six to eight weeks following the previous injection. The guidelines also state the purpose of epidural steroid injections is to facilitate progress in more active treatment programs, there was no indication that the injured worker planned to participate in a more active treatment program in conjunction with the injection. The injured worker has had two injections and reported some relief with each. The guidelines do not recommend more than two epidural steroid injections, so the request is not supported. Therefore, the request is not medically necessary.

1 prescription of Norco 10/325mg #150 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS CRITERIA FOR USE Page(s): 78.

Decision rationale: The California MTUS Guidelines state that for opioid use there must be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The injured worker rated his pain as a 9/10 without medication and 5-6/10 with medication; however, there was no indication of increased level of function or activities of daily living. He has been using Norco at least since October of 2006 with no adequate evidence of significant increase in function. In the absence of sufficient documentation with evidence of satisfactory response to treatment indicated by

increased level of function and improved quality of life the request is not supported. Additionally, as the request is written there is no frequency provided. Therefore, the request is not medically necessary.