

Case Number:	CM14-0118813		
Date Assigned:	08/06/2014	Date of Injury:	11/06/1995
Decision Date:	09/10/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/29/2014

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 Anesthesiology; has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 61-year-old female with a 11/6/95 date of injury. The mechanism of injury was not noted. According to a 8/7/14 progress report, the patient complained of low back pain with radiation and burning into right groin and right thigh. He stated that acupuncture did not benefit him and he continues to use his medications. Objective findings: lumbar myofascial tenderness/spasms; lumbar ROM painful with extension/rotation; tender bilateral sacroiliac joints and greater trochanters; diminished sensation in left lateral calf. Diagnostic impression: lumbar degenerative disc disease, new finding on MRI right L2 radiculopathy, lumbar facet pain. An MRI report from 4/3/14 showed disc extrusion at L1-2 that is new from the prior exam and causes mild right axillary recess stenosis that encroaches on the right L2 nerve. Treatment to date: medication management, activity modification, acupuncture. A UR decision dated 7/22/14 denied the request for right L2 lumbar ESI and modified the request for Hydrocodone/Acetaminophen 10/325 mg from 150 tablets to 113 tablets for weaning purposes. Regarding ESI, in a 4/10/14 progress report, the provider stated the patient's symptoms were more indicative of S1 nerve irritation. The physical examination findings do not correlate with common findings found in right L2 radiculopathy. Regarding the request for Hydrocodone/Acetaminophen, the patient's reported pain level has continued to increase despite the use of opioids. There does not appear to be any documented improvement in function with the use of opioids, which would warrant their continued use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L2 ESI with fluoroscopy and sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 46. Decision based on Non-MTUS Citation X Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy).

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. While the 4/3/14 MRI showed evidence of disc extrusion at the L1-2 level with resulting mild right axillary recess stenosis encroaching on the right L2 nerve, on physical examination, there are no objective findings to corroborate nerve root impingement of L2. The patient is noted to have decreased sensation over the left lateral calf, which does not correlate with the L2 distribution. Therefore, the request for Right L2 ESI with fluoroscopy and sedation was not medically necessary.

Hydrocodone /Acetaminophen 10/325 mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In fact, according to a progress note dated 5/7/14, the patient stated that she was not doing that well with her current medication regimen, and it was not controlling her pain well. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Hydrocodone/Acetaminophen 10/325 mg #150 was not medically necessary.