

<b>Case Number:</b>	CM14-0121874		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/12/2002
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Orthopedic Surgery 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 64-year-old male who reported an injury on 11/12/2002. The mechanism of injury was not specifically stated. The current diagnoses include headache, multilevel disc osteophyte complex with facet arthropathy, discogenic low back pain, herniated nucleus pulposus at L4-5, retrolisthesis at L5-S1, bilateral neural foraminal stenosis, psychiatric diagnosis, hypertension, elevated blood sugar, hypogonadism, and questionable hearing loss. The injured worker was evaluated on 07/10/2014 with complaints of persistent lower back pain radiating into the left lower extremity. The current medication regimen includes Norco 5/325 mg, Lexapro 10 mg, and Prilosec 20 mg. The injured worker was also engaged in a home exercise program. Physical examination revealed tenderness of the paracervical musculature, positive cervical compression testing, tenderness over the paralumbar musculature, positive straight leg raising on the right, and limited lumbar range of motion. Treatment recommendations at that time included a continuation of the current medication regimen and a lumbar epidural steroid injection at L4-5 and L5-S1. It was noted that the injured worker has been previously treated with epidural steroid injections with a 50% improvement in function. There was no DWC Form RFA submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 MG, #120:** Upheld

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

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

**Decision rationale:** The 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 utilized this medication since 02/2014. There was no documentation of objective functional improvement. The injured worker continues to report persistent lower back pain with radiation into the left lower extremity. There was also no frequency listed in the request. As such, the request is not medically necessary.

**Lumbar epidural steroid injection of the bilateral L4-L5 and left L5-S1:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections for treatment of radicular pain, with use in conjunction with active rehab efforts. Radiculopathy must be documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the documentation submitted, there was no evidence of radiculopathy upon physical examination. There was no mention of a sensory or motor deficit. There were also no imaging studies or electrodiagnostic reports submitted for review. Although the injured worker reported a 50% improvement in symptoms following the initial injection, there was no objective evidence of functional improvement. Based on the clinical information received, the request is not medically necessary.