

<b>Case Number:</b>	CM14-0137272		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	04/30/2007
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 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:

According to the records made available for review, this is a 53-year-old male with a 4/30/07 date of injury. At the time (6/24/14) of request for authorization for 1Bilateral L4-5 Transforaminal Epidural Steroid Injection and Norco 10/325mg #60, there is documentation of subjective (low back pain that does not radiate to the lower extremities) and objective (tenderness to palpation over the bilateral paravertebral L4-S1 levels, decreased lumbar range of motion, decreased sensation along the L4-S1 dermatome, decreased strength of the extensor muscles along the L4-S1 dermatome, and positive straight leg raise bilaterally) findings, imaging findings (not specified), current diagnoses (chronic pain and lumbar radiculopathy), and treatment to date (ongoing therapy with Norco, physical modalities, and activity modification). In addition, medical report identifies a pain contract. Furthermore, 7/22/14 medical report identifies increased activities of daily living with use of Norco. Regarding 1Bilateral L4-5 Transforaminal Epidural Steroid Injection, there is no documentation of subjective radicular findings in the requested nerve root distribution and imaging findings at the requested level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1Bilateral L4-5 Transforaminal Epidural Steroid Injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session; as criteria necessary to support the medical necessity of lumbar transforaminal epidural steroid injection using fluoroscopy. Within the medical information available for review, there is documentation of diagnoses of chronic pain and lumbar radiculopathy. In addition, there is documentation of objective (sensory and motor changes) radicular findings in the requested nerve root distribution, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session. However, given documentation of subjective findings (low back pain that does not radiate to the lower extremities), there is no documentation of subjective (pain, numbness, or tingling) radicular findings in the requested nerve root distribution. In addition, there is no documentation of imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at the requested level. Therefore, based on guidelines and a review of the evidence, the request for 1Bilateral L4-5 Transforaminal Epidural Steroid Injection is not medically necessary.

**Norco 10/325mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain and lumbar radiculopathy. In addition, given

documentation of a pain contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with Norco with increased activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #60 is medically necessary.