

Case Number:	CM14-0151111		
Date Assigned:	09/19/2014	Date of Injury:	07/02/2001
Decision Date:	10/20/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/16/2014

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 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 42-year-old male with a 7/2/01 date of injury. At the time (7/16/14) of request for authorization for 1 L4-5 lumbar epidural steroid injection and 1 prescription of Norco 10/325mg #120, there is documentation of subjective (continued moderate to severe lower back pain) and objective (tenderness to palpation in the paralumbar musculature with spasms, absent left knee reflex (L4), decreased right knee reflex (L4), and decreased lumbar range of motion) findings, imaging findings (MRI of the lumbar spine (1/9/12) report revealed moderate right neural foraminal stenosis with inferior disk encroachment which abuts the nerve without causing impingement at L4-5), current diagnoses (acute on chronic low back pain, lumbar degenerative disc disease, herniated lumbar disc, and concordant discogram L3-4 and L4-5), and treatment to date (ongoing therapy with Norco and activity modification). 9/9/14 medical report identifies functional improvement and pain relief with Norco. Regarding 1 L4-5 lumbar epidural steroid injection, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distribution, and failure of additional conservative treatment (physical modalities). Regarding 1 prescription of Norco 10/325mg #120, there is no 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 L4-5 lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309, 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 epidural steroid injection. Within the medical information available for review, there is documentation of diagnoses of acute on chronic low back pain, lumbar degenerative disc disease, herniated lumbar disc, and concordant discogram L3-4 and L4-5. In addition, there is documentation of imaging (MRI) findings (neural foraminal stenosis) at the requested level, failure of conservative treatment (activity modification and medications), and no more than two nerve root levels injected one session. However, despite documentation of subjective (continued moderate to severe lower back pain) and objective (tenderness to palpation in the paralumbar musculature with spasms, absent left knee reflex (L4), decreased right knee reflex (L4), and decreased lumbar range of motion) findings, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distribution. In addition, there is no documentation of failure of additional conservative treatment (physical modalities). Therefore, based on guidelines and a review of the evidence, the request for 1 L4-5 lumbar epidural steroid injection is not medically necessary.

1 prescription of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Norco; Opioids, criteria for use.

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 acute on chronic low back pain, lumbar degenerative disc disease, herniated lumbar disc, and concordant discogram L3-4 and L4-5. In addition, given documentation of ongoing treatment with Norco with functional improvement and pain relief, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Norco. However, there is no 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. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Norco 10/325mg #120 is not medically necessary.