

Case Number:	CM14-0153809		
Date Assigned:	09/23/2014	Date of Injury:	02/09/2013
Decision Date:	10/24/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/19/2014

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 40-year-old male with a 2/9/13 date of injury. At the time (9/3/14) of request for authorization for diagnostic bilateral L5-S1 lumbar epidural steroid injection using fluoroscopy (interlaminar approach) Qty: 1.00 and Hydrocodone/APAP 10/325mg Qty: 75.00, there is documentation of subjective (neck pain, low back pain that radiates down the bilateral lower extremities, to the feet, associated numbness, tingling, and muscle weakness in the bilateral lower extremities) and objective (tenderness to palpation in the bilateral paravertebral area at L3-S1 levels, decreased lumbar spine range of motion, decreased sensation in the L4-S1 dermatome in the bilateral lower extremities, and positive straight leg raise bilaterally at 50 degrees) findings, current diagnoses (cervical radiculitis, cervical radiculopathy, lumbar facet arthropathy, lumbar radiculitis, and lumbar radiculopathy), and treatment to date (activity modification, medications (including ongoing use of hydrocodone/APAP since at least 1/14), and L4-S1 lumbar epidural steroid injection (4/15/14)). 8/20/14 medical report identifies the patient reports no (less than 5%) overall improvement with previous transforaminal epidural steroid injection at bilateral L4-S1. In addition, 8/20/14 medical report identifies that opioids analgesic medications were discussed with the patient. Regarding the requested diagnostic bilateral L5-S1 lumbar epidural steroid injection using fluoroscopy (interlaminar approach) Qty: 1.00, there is no documentation of at least 50-70% pain relief for six to eight weeks, decreased need for pain medications, and functional response with previous epidural steroid injection. Regarding the requested Hydrocodone/APAP 10/325mg Qty: 75.00, there is no documentation 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 as a result of hydrocodone/APAP use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Bilateral L5-S1 Lumbar Epidural Steroid Injection using Fluoroscopy (interlaminar approach) Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Criteria for the use of Epidural steroid injections

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 at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of cervical radiculitis, cervical radiculopathy, lumbar facet arthropathy, lumbar radiculitis, and lumbar radiculopathy. However, given documentation of less than 5% overall improvement with previous transforaminal epidural steroid injection at bilateral L4-S1, there is no documentation of at least 50-70% pain relief for six to eight weeks, decreased need for pain medications, and functional response with previous epidural steroid injection. Therefore, based on guidelines and a review of the evidence, the request for diagnostic bilateral L5-S1 lumbar epidural steroid injection using fluoroscopy (interlaminar approach) Qty: 1.00 is not medically necessary.

Hydrocodone/apap 10/325mg Qty: 75.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids; When to Continue Opioids; Opioids for.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

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 cervical radiculitis, cervical radiculopathy, lumbar facet arthropathy, lumbar radiculitis, and lumbar radiculopathy. In addition, there is documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given medical records reflecting prescription for hydrocodone/APAP since at least 1/14, there is no documentation 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 as a result of hydrocodone/APAP use to date. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/APAP 10/325mg Qty: 75.00 is not medically necessary.