

Case Number:	CM14-0159597		
Date Assigned:	10/03/2014	Date of Injury:	10/01/2006
Decision Date:	10/29/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/29/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 42 year old male with a date of injury on 10/1/2006. Subjective complaints are of severe low back pain radiating into the left leg. Physical exam shows paraspinal muscle spasm and tenderness, decreased range of motion, and leg strength is preserved. Lumbar MRI from 5/5/14 showed moderate multi-level lumbar spondylosis, bilateral foraminal stenosis at L4-5, and no central canal stenosis. Prior L4-L5 ESI from 9/2013 offered 70% relief yet progress notes from 6/5/14 indicate that patient has had 2 prior epidurals and nerve blocks without relief. Patient was not on any medications until 6/5/14 visit where patient was placed on tramadol and NSAIDs which were started due to increasing pain. These medicines were not effective for controlling pain. Percocet was subsequently prescribed for pain. Request is for lumbar epidural steroid injections and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4 epidural steroid injection: Upheld

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

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

Decision rationale: CA MTUS notes that the purpose of epidural steroid injection is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. For therapeutic injections, repeat blocks should be based on continued objective pain relief and functional improvement, including at least 50% improvement for 6 to 8 weeks. This patient had a previous injection that did not demonstrate lasting pain relief or functional improvement. Criteria for epidural steroid injections must show documented radiculopathy on physical exam and corroborated by imaging studies and/or electrodiagnostic testing. For this patient, there was not objective evidence of radiculopathy on exam or definitive pathology on imaging. Therefore, the medical necessity of an epidural steroid injection is not established at this time.

L5 epidural steroid injection: Upheld

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

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

Decision rationale: CA MTUS notes that the purpose of epidural steroid injection is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. For therapeutic injections, repeat blocks should be based on continued objective pain relief and functional improvement, including at least 50% improvement for 6 to 8 weeks. This patient had a previous injection that did not demonstrate lasting pain relief or functional improvement. Criteria for epidural steroid injections must show documented radiculopathy on physical exam and corroborated by imaging studies and/or electrodiagnostic testing. For this patient, there was not objective evidence of radiculopathy on exam or definitive pathology on imaging. Therefore, the medical necessity of an epidural steroid injection is not established at this time.

Percocet 10/325 #1: Upheld

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): 74-96.

Decision rationale: CA MTUS states that opioids should be discontinued if there is no overall improvement in function, continued pain with evidence of intolerable side effects, decrease in function, resolution of pain, patient request, or evidence of illegal activity. Opioids use may continue if the patient has returned to work or has improvements in functioning and pain. This patient is working and records indicate that medications provided moderate pain relief and allowed for improved function. Guidelines indicate that opioid use may continue if the patient

has returned to work or has improvements in functioning and pain. Furthermore, documentation is present of MTUS opioid compliance guidelines including urine drug screen, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.