

<b>Case Number:</b>	CM14-0179487		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	04/05/2010
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Occupational Medicine 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:

This is a 60-year-old male who has reported neck and back pain after an injury on 4/1/1983, attributed to the performance of his usual and customary job tasks. Diagnoses include radiculopathy, spondylosis, and disk herniation. Treatment has included medications, physical therapy, chiropractic, acupuncture, a cervical fusion, and epidural steroid injections. The lumbar MRI of 3/17/14 was unchanged from 2012, and showed abutment of the left S1 nerve root. The cervical MRI of 3/17/14 did not show nerve root impingement, and had evidence of multilevel spondylosis and the prior fusion. The orthopedic reports of March and April 2014 referred to unspecified temporary pain relief from the cervical epidural steroid injection. There were no specific radicular findings. Per the PR2 of 8/29/14, there was ongoing neck and back pain. Back pain radiated to the left leg and knee. The injured worker had not worked since 2010. There had been no office visits with this physician since 12/11/13. The cervical epidural steroid injection on 10/16/13, by patient report, gave 75% pain relief, unspecified pain relief for 4 months, and unspecified improvement in range of motion, activity, and sleep. A past lumbar epidural steroid injection had provided unspecified "significant benefit". No spasm was described. Radicular findings included a sensory deficit at left L5 and S1, diffuse 5-/5 weakness in the upper extremities, and 5-/5 weakness of the left "TA and EHL". The Electrodiagnostic testing of the upper extremities from 2012 was normal. A 2012 lumbar MRI reportedly showed left S1 nerve root compression. A 2012 cervical MRI reportedly showed no nerve root impingement. The treatment plan included a repeat cervical epidural steroid injection, lumbar epidural steroid injections, Norco, and Norflex #60, to be taken once per day. There was no discussion of the specific indications for these medications in light of the MTUS, or the results of using these medications previously (if any). There was no work status or current discussion of function. On

10/9/14 Utilization Review non-certified Orphenadrine, lumbar epidural steroid injections, and cervical epidural steroid injection. The MTUS was cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left transforaminal epidural injection at L4-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. This injured worker does not meet the MTUS criteria for an epidural steroid injection. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. The clinical findings are variable from examiner to examiner, and the findings from the current treating physician do not correlate well with the MRI finding of a possible S1 nerve root impingement. The proposed injections are at multiple levels, for which there is no corresponding clinical radiculopathy. The pain is not at the concordant dermatome. There is no evidence in the medical reports that the proposed epidural injection will be used in conjunction with "other rehab efforts, including continuing a home exercise program", or a concurrent "more active treatment program". The treating physician has referred to a prior lumbar epidural steroid injection but did not describe the degree of pain relief and functional improvement after that injection. The MTUS recommends that any repeat injection be considered based on the degree of pain relief and functional improvement 6-8 weeks after the initial injection. An epidural injection is not medically necessary.

#### **Repeat interlaminar epidural steroid injection at C4-C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. This injured worker does not meet the MTUS criteria for an epidural steroid injection. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by

objective testing. The MRI shows no nerve root compression. The Electrodiagnostic testing was normal. There is no evidence in the medical reports that the proposed epidural injection will be used in conjunction with other rehab efforts, including continuing a home exercise program or a concurrent more active treatment program. MTUS recommends that any repeat injection be considered based on the degree of pain relief and functional improvement 6-8 weeks after the initial injection. Sufficient functional improvement was not described after the last epidural steroid injection. A repeat epidural injection is not medically necessary.

**Orphenadrine Citrate ER 100mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

**Decision rationale:** The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for any flare-up. No muscle spasm was described on physical examination. The quantity prescribed (60 day supply) implies long term use, not a short period of use for acute pain. Per the MTUS, Orphenadrine is not indicated as prescribed, and is not medically necessary.