

Case Number:	CM14-0028236		
Date Assigned:	06/23/2014	Date of Injury:	05/01/2011
Decision Date:	08/19/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/05/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 44-year-old female who reported an injury on 05/01/2011. The mechanism of injury was not provided. On 02/13/2014, the injured worker presented with improved right shoulder function after surgery and residual pain after surgery over the lumbar spine L5-S1. Upon examination, there was tenderness to palpation over the L4-5 disc and pain on deep palpation of both S1 joints. The diagnoses were status post lumbar discectomy on 08/13/2013 and status post right shoulder arthroscopy 08/07/2012. Prior treatments included surgeries and medications. The provider recommended a lumbar epidural steroid injection at L5-S1 and Norco. The provider's rationale was not provided. The Request for Authorization form was dated 02/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to the MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs, when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, the documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy and no more than 2 nerve root levels should be injected using transforaminal blocks. The documentation submitted for review lacked evidence that the injured worker had completed an initially recommended conservative treatment, and failed. The clinical notes lacked evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There was no radiculopathy documented by physical examination and corroborated by imaging studies. As such, the request is not medically necessary.

Norco 10MG #15 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: The MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation for risk of aberrant drug abuse behavior, and side effects. Additionally, the injured worker has been prescribed Norco since at least 02/2014, and the efficacy of the medication was not provided. As such, the request is not medically necessary.