

Case Number:	CM14-0032708		
Date Assigned:	06/20/2014	Date of Injury:	02/13/2011
Decision Date:	07/18/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/14/2014

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 New York and Texas. 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 59-year-old male with a reported date of injury on 02/13/2011. His prior treatments were noted to include physical therapy, surgery, and medications. His diagnoses were noted to include lumbosacral sprain/strain, right wrist sprain, status post right knee arthroscopy, and internal derangement of the right knee. The progress note dated 05/14/2014 reported the injured worker complained of lower back pain that radiated down his left leg. The pain was described as constant and aching and the injured worker complained of numbness to his left leg. The injured worker stated the pain medication made the pain better and that his pain level without taking any pain medication was 7/10 and with medications 3/10. The injured worker stated there were no functional improvements with taking medications and he seemed to have 50% pain relief with the current medications. A physical examination reported 5/5 strength to bilateral lower extremities and a positive straight leg raise with pain to the L5 distribution on the left and a negative straight leg raise on the right and there was mild pain with lumbar extension. The injured worker has had a previous transforaminal epidural steroid injection with 70% pain relief that lasted 6 weeks. The Request for Authorization Form dated 05/20/2014 was for 2 transforaminal epidural steroid injections for the treatment of lumbar radiculopathy. The Request for Authorization for the Norco was not submitted within the medical records. The request for Norco 10/325 #180, the physician's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two transforaminal epidural steroid injections bilaterally at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: The request for 2 transforaminal epidural steroid injection at L4-5 and L5-S1 are not medically necessary. The injured worker has received a previous epidural steroid injection with 70% pain relief for 6 weeks. The California Chronic Pain Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 concurrent epidural steroid injections. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third epidural steroid injection is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The guidelines criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines state the injured workers must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The injections must be performed using fluoroscopy for guidance. No more than 2 nerve root levels should be injected using transforaminal blocks. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. The guidelines recommend no more than 2 epidural steroid injections. There was a lack of documentation showing significant neurological deficits such as decreased motor strength, sensation or deep tendon reflexes in a dermatomal distribution. The documentation provided reported the injured worker had 70% pain relief for 6 weeks with a previous epidural steroid injection, however the request of two epidural steroid injections would not be indicated as the medical necessity of the second injection would be determined based upon the efficacy of the first requested injection. Therefore, the request is not medically necessary.

One prescription of Norco 10/325 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #180 is not medically necessary. The injured worker has been taking this medication since at least 12/2013. According to the California Chronic Pain Medical Treatment Guidelines the ongoing use of opioid medications

may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. The injured worker has reported his pain relief with the medications as 3/10 and without medications 7/10. The injured worker reported no functional improvements with taking these medications. There was a lack of documentation regarding side effects. Despite evidence of significant pain relief, the ongoing use of opioid medications is not supported by the guidelines. As such, the requested service is not medically necessary.