

Case Number:	CM14-0038333		
Date Assigned:	06/27/2014	Date of Injury:	02/15/2007
Decision Date:	08/18/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/01/2014

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 53 year old patient had a date of injury on 2/15/2007. The mechanism of injury was not noted. On a physical exam dated 2/20/2014, the patient has been having increased left leg pain extending to knee and does note some difficulty with ambulation. Objectively the patient is no in acute distress, has tenderness to palpation of cervical and lumbar spine. She had an MRI of lumbar spine dated 9/4/2013 showing cervical lordosis with denegerative disk disease and anterolisthesis c3-c4 and retrolisthesis C5-C6. Diagnostic impression also shows neural foraminal narrowing includes C4-C5 severe right and C5-C6 moderate left neural foraminal narrowing. Cervical and lumbar radiculoapthy was also present. Treatment to date: medication therapy, behavioral modification. A UR decision on 3/13/2014 denied the request for Hydrocodone/APAP 10/325 #180, stating there is not documentation that prescriptions are from single practitioner and 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. Transforaminal epidural Steroid Injection, left L4 and L5 was denied, stating despite documentation of reported MRI(9/4/2013) findings of degenerative disc with grade I anterolisthesis left L4-L5, and L4-L5 mild canal stenosis with mild-moderate left neural foraminal narrowing, there is no documentation of an imaging report(moderate or greater neural foraminal stenosis).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. On a progress note dated 2/20/2014, the patient stated her Norco 10/325 is helping with her pain and increasing her function. Furthermore, she is noted to currently work full duty, and a UA dated 8/31/2012 showed compliance to her opioid regimen. Therefore, the request for Norco10/325 #180 is medically necessary.

Transforaminal Epidural Steroid Injection. Left L4 and L5.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA guidelines (Radiculopathy).

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. The patient does have radicular symptoms on subjective exam. Objective findings show decreased sensation in the L4 and L5 dermatomes. In addition, the UR decision denied the request for the epidural injection based on the fact that the official lumbar MRI report was not provided for review. However, on this review, the official MRI report dated 9/6/13 was provided for review. The findings on the MRI show grade I anterolisthesis at L4-5 with disk dehydration and anterior spondylosis, with associated canal stenosis and foraminal narrowing. This patient has had conservative management, and in fact, is noted to be working full-duty. Therefore, the request for transforaminal epidural steroid injection at Left L4 and L5 is medically necessary.