

Case Number:	CM14-0040020		
Date Assigned:	06/27/2014	Date of Injury:	05/27/2010
Decision Date:	08/08/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/04/2014

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 Orthopedic Spine Surgery and is licensed to practice in 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 52-year-old male who reported an injury on 05/27/2010. The mechanism of injury was not specifically stated. The current diagnoses include lumbar disc bulging, rule out discogenic pain, lumbar stenosis, lumbar radiculopathy, lumbar facet arthropathy, sacroiliac joint pain, opioid dependency, and obesity. The injured worker was evaluated on 02/25/2014 with complaints of moderately severe lower back pain with radiation into the right lower extremity. Physical examination revealed limited lumbar range of motion, positive Kemp's testing, 5/5 motor strength, and 1/4 bilateral patellar and Achilles reflexes. Treatment recommendations at that time included an epidural steroid injection, a follow-up with a spine surgeon, continuation of the home-based weight reduction program, and continuation of Oxycodone 10 mg and Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral L5 Transforaminal Epidural Injection: 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 California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with active rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the documentation submitted, the injured worker has been previously treated with a lumbar epidural steroid injection. However, there was no documentation of objective functional improvement with an associated reduction of medication use for 6 to 8 weeks following the initial injection. There were also no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. Based on the clinical information received, the request is not medically necessary.

1 follow up with spine surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker is currently in the process of achieving permanent and stationary status. Although it is noted that the injured worker may require surgical intervention, there were no imaging studies provided for review, and there was no documentation of an exhaustion of conservative treatment. There is no mention of a future plan for a surgical intervention. The medical necessity for a follow-up with the spine surgeon has not been established. As such, the request is not medically necessary.

120 Oxycodone 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 09/2013 without any evidence of objective functional improvement. There was also no frequency listed in the current request. As such, the request is not medically necessary.

120 Norco 10-325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 09/2013 without any evidence of objective functional improvement. There was also no frequency listed in the current request. As such, the request is not medically necessary.