MAXIMUS Federal Services

Case Number:	CM14-0060359		
Date Assigned:	07/09/2014	Date of Injury:	05/03/2002
Decision Date:	10/24/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	05/01/2014

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 Internal Medicine and is licensed to practice in California, Colorado, North Carolina and Kentucky. 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 61 year-old patient sustained an injury on 5/3/02 while employed by CRA Confidential. Request under consideration include Caudal Epidural Steroid Injection bilateral Lumbar 3-4, Ultram ER #30, and Norco 10/325 #120. Diagnoses include Lumbosacral Neuritis. Report of 4/23/14 from pain management provider noted the patient with chronic ongoing neck pain radiating down bilateral upper extremities; low back pain radiating down bilateral lower extremities rated at 2/10 with and 3/10 without medications with ADL limitations. Exam showed slow gait; moderate distress; lumbar spine with spasm in paraspinous musculature; TTP at L4-S1 bilaterally; pain with range in flex/ext (no degrees specified); decreased motor exam in bilateral lower extremities (no muscles or grading specified); SLR positive at 50 degrees. CT scan of lumbar on 7/25/12 showed interbody fusion with intact hardware at L4-S1; foraminal laminectomy; 3mm anterolisthesis with lateral recess compromise at L3-4. Diagnoses include chronic pain; lumbar facet arthropathy; failed back syndrome; lumbar radiculopathy; right wrist pain; insomnia, medication related dyspepsia, s/p spinal cord stimulator implant. Treatment medication refill of Norco and Tramadol with Lumbar transforaminal steroid injection of bilateral L3-4 planned. The patient remained not working. The request for Caudal Epidural Steroid Injection bilateral Lumbar 3-4, Ultram ER #30, and Norco 10/325 #120 were non-certified on 4/4/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid Injection bilateral Lumbar 3-4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 46.

Decision rationale: As noted on page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The physical exam lacked compelling objective data to substantiate a radicular pathology. Per the MTUS a radiculopathy must be documented and objective findings on examination need to be present. Additionally, Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. The documentation indicates the injured worker meets the required criteria substantiating the request for epidural steroid injection. As such, the request for Caudal Epidural Steroid Injection bilateral Lumbar 3-4 is recommended as medically necessary.

Ultram ER #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Ultram ER #30 is not medically necessary.

Norco 10/325 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement

obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Norco 10/325 #120 is not medically necessary.