

Case Number:	CM14-0079650		
Date Assigned:	07/18/2014	Date of Injury:	08/06/2004
Decision Date:	09/24/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/30/2014

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:

The patient is a 37 year-old male with date of injury 08/06/2004. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/25/2014, lists subjective complaints as pain in the low back with radicular symptoms down both legs. Objective findings include examination of the lumbar spine that revealed decreased range of motion in all planes due to pain. Tenderness to palpation was noted over the lumbar paraspinals and lumbar facet joints, and straight leg test was positive bilaterally. Sensory examination was normal. Diagnoses include degenerative lumbar disc; lumbosacral spondylosis; lumbar radiculopathy; and myosis pain. It was reported that the patient has previously undergone an epidural steroid injection for the spine, but the date of the procedure was not included. The medical records supplied for review document that the patient has been taking Oxycodone 20mg for at least 1 year.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT LUMBAR 4,5 TRANSFORAMINAL EPIDURAL STEROID INJECTION: 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 Page(s): 46.

Decision rationale: According to the MTUS Guidelines, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient's sensory exam was normal and there is little evidence of radiculopathy. As such, the request is not medically necessary.

OXYCODONE 20 MG # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. As such, the request is not medically necessary.