

Case Number:	CM14-0088925		
Date Assigned:	07/23/2014	Date of Injury:	03/31/2009
Decision Date:	09/17/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/12/2014

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:

Injured worker is a female with date of 3/31/2009. Per new patient consultation dated 5/16/2014, the injured worker presents with neck pain, low back pain and right shoulder pain. She also has radicular symptoms for her upper and lower extremities. She has a history of methamphetamine use and alcohol abuse. She denies any history of opioid abuse. She has been prescribed Norco by her primary care physician for a non-industrial injury to her knee. She goes to AA and her sponsor gives her two pills at a time. She has undergone chiropractic therapy with improvement of her symptoms. She is interested in repeating chiropractic therapy if possible. She reports burning of her neck and interscapular region. She has aching and burning of her low back, which radiates to her bilateral lower extremities. She has increased pain with prolonged sitting, standing and walking. On examination she is in no acute distress. She has 40% range of motion with low back flexion and 60% of low back extension. Straight leg raising is positive on the right side. Sacroiliac joints are nontender to compression. Patrick's sign is negative bilaterally. Gaenslen's sign is negative bilaterally. Sciatic notches are pain free to palpation. She has pain with cervical flexion, extension and rotation. She has trigger point tenderness in the cervical paraspinals and in the bilateral lower facets. Spurling's sign elicits neck pain. She has equal sensation of the upper extremities. Diagnoses include 1) sprain right rotator cuff 2) cervical disc degeneration 3) chronic pain syndrome 4) lumbar radiculitis 5) degenerative disc disease, lumbar 6) history of drug abuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI (Epidural Steroid Injection) at L4-L5 under Fluoroscopic Guidance and Conscious Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection section Page(s): 46.

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as a treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Most current guidelines recommend no more than two ESIs. A second ESI may be recommended if there is proof of partial success with the first injection, defined as objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than four blocks per region per year. A third ESI is rarely recommended. The requesting physician reports that the injured worker underwent an L4-5 epidural steroid injection on 10/28/2013 with 50% pain improvement for three months. There is no report of functional improvement or reduction of medication use. The request for Lumbar ESI (Epidural Steroid Injection) at L4-L5 under Fluoroscopic Guidance and Conscious Sedation is determined to not be medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Continued opioid pain medications may be used if functional improvement is documented or the patient is able to return to work as a result of opioid pain management. The requesting physician reports that the injured worker requires opioid pain medications, and that her current treatment with Norco 5/325 two tablets four times daily is not adequate. The injured worker is noted by the requesting physician to have history of drug and alcohol addiction, and currently uses her AA sponsor to control and distribute her medications, two pills at a time. The MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects when patients are managed with opioid pain medications. The clinical report suggests behaviors that are not compatible with safe administration of opioid pain medication, however, these behaviors are addressed. Instead, management is being addressed with establishing an opioid ceiling and drug testing. Although the requesting physician reports that the injured worker requires opioid pain medications, medical necessity is not well established, and opioid therapy appears to be contraindicated based on the recommendations in the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a

weaning treatment, but to maintain treatment. The request for Norco 10/325mg #90 is determined to not be medically necessary.

Chiropractic treatment for the low back x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy section Page(s): 58-60.

Decision rationale: The MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. The intended goal or effect is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Treatment for the low back is recommended as an option with a trial of 6 visits over 2 weeks. If there is evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks is recommended. Elective or maintenance care is not medically necessary. If there are recurrences or flare ups of low back musculoskeletal conditions, 1-2 visits every 4-6 months may be indicated in return to work is achieved. The injured worker is noted to have reported good results with chiropractic therapy in the past. This injured worker is requesting chiropractic care, based on subjective report of prior benefit. The medical necessity of this request is not established within the recommendations of the MTUS Guidelines. The request is for Chiropractic treatment for the low back x 6 is determined to not be medically necessary.