

Case Number:	CM14-0092355		
Date Assigned:	07/25/2014	Date of Injury:	11/26/2013
Decision Date:	09/08/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 50-year-old female injured on 11/22/13 due to an undisclosed mechanism of injury. A clinical note dated 07/22/14 indicates the injured worker presented complaining of low back pain with associated intermittent numbness in the right foot. The injured worker reported symptoms, exacerbated by prolonged standing and driving, including pain rated at 3-4/10 at rest and 6-7/10 with bending and lifting. The physical assessment revealed normal gait, no difficulty rising or sitting on the exam table, 2+ deep tendon reflexes for bilateral knees and ankles, normal Babinski's, motor testing 5/5 bilateral lower extremities, sensation normal in bilateral lower extremities to light touch, lumbar spine range of motion limited with pain, positive paralumbar tenderness bilaterally, and negative straight leg raising test. MRI of the lumbar spine performed on 02/07/14 revealed degenerative disc disease at L5-S1, with small central herniation causing no compression in the thecal sac, and 8mm benign hemangioma of the L1 vertebral body. The initial request for epidural steroid injection to L5-S1 and Norco 7.5/325mg #120 was non-certified on 06/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection- L5-S1 Lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, 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 the treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). The physical exam lacked compelling objective data to substantiate a radicular pathology. Per 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. As such, the request for a Lumbar Epidural Steroid Injection at L5-S1 cannot be recommended as medically necessary.

Norco 7.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the 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 any functional benefits or substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics, nor does it establish the efficacy of the narcotics for this patient, the medical necessity of Norco 7.5/325mg #120 cannot be established at this time. Therefore, the request is not medically necessary or appropriate.