

Case Number:	CM14-0187247		
Date Assigned:	11/17/2014	Date of Injury:	07/15/2013
Decision Date:	01/06/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/10/2014

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 male with date of injury 7/15/2013. Per primary treating physician's progress report dated 10/8/2014, the injured worker complains of low back pain and bilateral lower extremity symptoms. He reports being 10% worse than he was at his previous appointment. He is having mores spasms. In the low back, left buttocks and left calf. He feels that the relief from the injections is now wearing off. He last worked on 8/19/2014. He rates his low back pain at 4/10. On examination his gait is normal and non-antalgic. He is wearing a right shoulder brace. Lumbar spine range of motion is decreased throughout all planes. He has decreased sensation in the left lower extremity. Strength is 5-/5 in the left tibialis anterior, EHL and inverters. The remainder of the lower extremity strength is 5/5 bilaterally. Straight leg raise is negative bilaterally. Slump test is negative bilaterally. Diagnoses include: 1) lumbar HNP with L4-L5 moderate to severe canal stenosis and L3-L4 moderate to severe left neural foraminal narrowing 2) lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4 transforaminal epidural steroid injection QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of: Epidural Steroid Injection Page(s): 46.

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. The requesting physician reports that the injured worker has had TFESI targeting L4, L5 and S1 on 2/26/2014, 4/2/2014, and 7/2/2014. Primary treating physician's progress note dated 9/15/2014 indicates that the injured worker has relief from the injection on 7/2/2014, but is now having residual radicular symptoms. There is no report of decreased use of opioid pain medications with the improvement in symptoms following the ESI procedures. Medical necessity for a fourth injection has not been established within the recommendations of the MTUS Guidelines. The request for Left L4 transforaminal epidural steroid injection QTY: 1.00 is determined to not be medically necessary.

Left L5 transforaminal epidural steroid injection QTY: 1.00: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. The requesting physician reports that the injured worker has had TFESI targeting L4, L5 and S1 on 2/26/2014, 4/2/2014, and 7/2/2014. Primary treating physician's progress note dated 9/15/2014 indicates that the injured worker has relief from the injection on 7/2/2014, but is now having residual radicular

symptoms. There is no report of decreased use of opioid pain medications with the improvement in symptoms following the ESI procedures. Medical necessity for a fourth injection has not been established within the recommendations of the MTUS Guidelines. The request for Left L5 transforaminal epidural steroid injection QTY: 1.00 is determined to not be medically necessary.

Left S1 transforaminal epidural steroid injection QTY: 1.00: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. The requesting physician reports that the injured worker has had TFESI targeting L4, L5 and S1 on 2/26/2014, 4/2/2014, and 7/2/2014. Primary treating physician's progress note dated 9/15/2014 indicates that the injured worker has relief from the injection on 7/2/2014, but is now having residual radicular symptoms. There is no report of decreased use of opioid pain medications with the improvement in symptoms following the ESI procedures. Medical necessity for a fourth injection has not been established within the recommendations of the MTUS Guidelines. The request for Left S1 transforaminal epidural steroid injection QTY: 1.00 is determined to not be medically necessary.

Norco 10mg/325mg tablets 1 tablet every 8 hours as needed QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications 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. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-

compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical reports do not provide evidence that the injured worker has functional improvement and significant pain reduction with the use of Norco. The injured worker has had reported improvement in function and pain with the epidural steroid injections, but the amount of Norco remained the same. The injured worker remains off work despite treatment with Norco. Medical necessity of this request has not been established within the recommendations of 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 continue treatment. Therefore, Norco 10mg/325mg tablets 1 tablet every 8 hours as needed QTY: 120.00 are not medically necessary and appropriate.