

Case Number:	CM14-0197437		
Date Assigned:	12/05/2014	Date of Injury:	04/13/2012
Decision Date:	01/20/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/24/2014

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 Orthopedic Spine Surgery and is licensed to practice New York. 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 38 year old male with a reported industrial injury on April 13, 2012, the mechanism of the injury was not provided in the available medical records. The injured worker was seen on October 20, 2014 for follow-up visit with primary treating physician. The documentation provided does not give the examination. On July 25, 2014 the injured worker was seen and the complaints were low back pain described as sharp and aching and always present, there was numbness and tingling to the left lower extremity and bottom of the foot. There were spasms to the low back, increase in urinary frequency since the injury on April 13, 2012, the symptoms are aggravated with increased movement, bending, shifting from sitting to standing and walking activities, the symptoms are alleviated with medications. Since the previous visit the symptoms had worsened. The physical exam revealed decreased range of motion of the thoracolumbar spine, there was a palpable trigger point just posterior to the sacroiliac joint, sitting straight leg raising, supine straight leg and Lasegue sign were all positive on the left side. Sensation noted to be decreased through the left leg the rest of the exam was normal. The diagnostic studies were Magnetic resonance imaging (MRI) on December 18, 2013 revealing 4mm retrolisthesis and reactive disc bone marrow changes indication inflammatory changes with left S1 nerve root impingement. The medical treatment is medication which the injured worker could not recall. Diagnoses are lumbar strain with disc bulge at L5-S1 with left sided radiculopathy, status post permanent and stationary, status post left L5-S- laminectomy and micro discectomy on July 25, 2013 and recurrent low back pain and left lower extremity radiculopathy. Treatment plan was request lumbar epidural steroid injections or transforaminal nerve block on the left side for S1 radiculopathy; he may be a candidate for decompression and fusion with instrumentation of the L5-S1 level, ongoing pain management and physical therapy and/or chiropractic treatments up to twelve sessions per year for the next three years. On

October 27, 2014 the physician requested Norco on October 27, 2014, the Utilization Review non-certified November 3, 2014 based on the California Medical treatment utilization schedule (MTUS) guidelines, Official Disability Guidelines (ODG) and the American College of Occupational and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: MTUS chronic pain treatment guidelines do not recommend a long-term use of narcotics for patients with chronic back pain. Specifically, the medical records do not document functional improvement with previous narcotic use. Long-term use of narcotics is not recommended for chronic back pain. Guidelines do not support the use of additional narcotics for this patient with chronic back pain. Medical records do not document adequate functional improvement with previous narcotic use.