

<b>Case Number:</b>	CM14-0088670		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/06/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 36-year-old female who reported an injury on 05/06/2009. The mechanism of injury was not stated. The current diagnoses include chronic low back pain, bilateral lower extremity pain, lumbar degenerative disc disease, thoracic degenerative disc disease, cervical degenerative disc disease, pain induced depression, anxiety, PTSD, chronic pain syndrome and medication management. The injured worker presented on 08/04/2014 with complaints of lower back pain with bilateral lower extremity symptoms. The injured worker was utilizing MS Contin, MSIR, Motrin, Neurontin, Soma, Flector patch and Zoloft. Upon examination, there was mild diffuse lumbosacral pain extending into the bilateral SI joints, moderate hypoesthesia in the posterolateral right leg and heel, positive straight leg raising bilaterally, reduced range of motion, mild diffuse tenderness from C7-L1 and 4/5 motor strength in the right lower extremity with dysesthesia in the entire right leg. Recommendations included continuation of the current medication regimen, as well as an epidural steroid injection at L5-S1. It was noted that the injured worker had been previously treated with an epidural steroid injection, which provided 50% improvement in symptoms over 3 months. A Request for Authorization form was then submitted on 08/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MSER 60MG. #135:** 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): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. In this case, the injured worker has utilized the above medication since 2012. There is no evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**Thoracic epidural steroid injection at T-8, T8-9, T9-10:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain. Radiculopathy must be documented upon physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there was no objective evidence of thoracic radiculopathy upon examination. There was no mention of a recent attempt of any conservative management to include active rehabilitation. Given the above, the request is not medically appropriate at this time.