

<b>Case Number:</b>	CM15-0104193		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	10/16/2002
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 68 year old male who reported an industrial injury on 10/16/2002. His diagnoses, and/or impressions, are noted to include: lumbar disc degeneration with facet degeneration; severe lumbosacral spondylo-stenosis with symptomatic radiculopathy and stenosis. The most recent x-rays were stated to have been done in April 25, 2014; no current imaging studies are noted. His treatments have included physical therapy; a home exercise program; activity modification; left sacroiliac trigger point injection (3/10/15) - effective x 2 weeks; medication management with toxicology screenings; Prednisone therapy - taper not authorized; and rest from work, as he is noted to be retired. The progress notes of 4/21/2015 reported continued, worsening symptoms with debilitating pain. Objective findings were noted to include progressive deterioration with worsening symptoms; para-spinal spasm with slow, guarded and painful range-of-motion; positive Dural Stretch Testing; diminished lumbar distribution sensation; and bilateral extensor hallucis weakness. The physician's requests for treatments were noted to include updated, advanced magnetic resonance imaging studies of the lumbar spine; lumbosacral nerve root blocks; and the continuation of Percocet for continued management of severe, progressive, debilitating spondylo-stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar MRI: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, MRI.

**Decision rationale:** The patient presents with pain affecting the low back. The current request is for Lumbar MRI. The treating physician states in the report dated 4/21/15, "He has not had any advanced imaging. He would benefit from an advanced imaging study. Lumbar MRI." (10B) The ODG guidelines support MRI scans for patients with lower back pain with radiculopathy and other red flags. In this case, the treating physician has documented that the patient has radiating pain into the bilateral extremities. The patient has not had an MRI scan done prior to this request and the pain is worsening. The current request is medically necessary.

**Selective nerve root block bilateral L5, bilateral S1: Upheld**

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

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

**Decision rationale:** The patient presents with pain affecting the low back. The current request is for Selective nerve root block bilateral L5, bilateral S1. The treating physician states in the report dated 4/21/15, "L5-S1 is the most markedly degenerated by plain x-rays. Selective nerve root block bilateral." (10B) The treating physician also documents that the patient has complaints of radicular symptoms. The MTUS guidelines state that radiculopathy must be documented and corroborated with diagnostic testing and the patient must have failed to respond to conservative treatment. In this case, the treating physician has documented radiculopathy and the patient's pain has been worsening despite conservative therapies. There are no diagnostic tests to corroborate radiculopathy as required by MTUS. The current request is not medically necessary.

**Percocet 5/325mg #100 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with pain affecting the low back. The current request is for Percocet 5/325mg #100 with 2 refills. The treating physician states in the report dated 4/21/15, "His Percocet was refilled. He is not a candidate for weaning as the prescription pain

medication is not for addiction management but rather for managing his severe progressive debilitating spondylostenosis." (10B) For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6 month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has not documented a pain scale, if the patient is able to perform ADLs, has had any side effects or if the patient has had any aberrant behaviors. The current request is not medically necessary.