

<b>Case Number:</b>	CM15-0130338		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	01/27/2002
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 62-year-old female, who sustained an industrial injury on January 27, 2002. The injured worker was diagnosed as having sciatica, lumbar laminectomy syndrome, lumbar disc degeneration and lumbago. Treatment to date has included lumbar fusion X 3, therapy, medication and injections. A progress note dated April 16, 2015 provides the injured worker complains of back pain radiating down both legs. Physical exam notes the use of a front wheeled walker for ambulation. There is tenderness of the lumbar para spinal and sacroiliac joint area on palpation with spasm and decreased range of motion (ROM). Fabere test is positive. Review of x-ray shows fusion L3-L5 with hardware. The plan includes injection and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 caudal epidural steroid injection with moderate sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), (2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

**Decision rationale:** This claimant was injured in 2002 with sciatica, lumbar laminectomy syndrome, lumbar disc degeneration and lumbago. Treatment to date has included three lumbar fusion attempts, therapy, medication and injections. As of April 2015, there was still back pain radiating down both legs. Physical exam notes the use of a front wheeled walker for ambulation. There is tenderness of the lumbar para spinal and sacroiliac joint area on palpation with spasm and decreased range of motion (ROM). Fabere test is positive. Review of x-ray shows fusion L3-L5 with hardware. The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. The request appears appropriately not medically necessary based on the above.

**1 prescription for Norco 10/325mg #60:** 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): s 79, 80 and 88.

**Decision rationale:** This claimant was injured in 2002 with sciatica, lumbar laminectomy syndrome, lumbar disc degeneration and lumbago. Treatment to date has included three lumbar fusion attempts, therapy, medication and injections. As of April 2015, there was still back pain radiating down both legs. Physical exam notes the use of a front wheeled walker for ambulation. There is tenderness of the lumbar para spinal and sacroiliac joint area on palpation with spasm and decreased range of motion (ROM). Fabere test is positive. Review of x-ray shows fusion L3-L5 with hardware. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: **When to Discontinue Opioids:** Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. **When to Continue Opioids:** (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review.