

Case Number:	CM15-0132255		
Date Assigned:	07/20/2015	Date of Injury:	05/01/2001
Decision Date:	09/22/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/08/2015

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
 Certification(s)/Specialty: Anesthesiology, 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 67 year old male who sustained an industrial injury on 5/1/01. Treatments include medication, physical therapy, chiropractic care, acupuncture, injections and T12-L3 fusion and L4-L5 decompressive surgery. The 7/7/2014 MRI of the lumbar spine showed multilevel disc bulges, L2 fracture, L4-L5 stenosis and epidural scar contacting nerve roots. Visit note dated 6/15/15 reports continued complaints of chronic neck pain and low back pain. The back pain has increased with radicular symptoms and has shifted to the left side with significant sciatic symptoms of the left. Lumbar epidural steroid injections have improved his radicular symptoms and the last cervical injection helped to relieve his neck pain. There was objective findings of positive left straight leg raising, and decreased sensation over the left L5, S1 dermatomes. Diagnoses include: neck pain, disorders of sacrum, sciatica, lumbar syndrome post-laminectomy. Plan of care includes: await approval for acupuncture, continue chiropractic treatments, repeat lumbar epidural injection due to flare up, increase Norco to three times per day, prescription for 10 day supply was given and medications refilled. Work status: permanent and stationary with permanent disability. Follow up on 6/29/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain. The chronic use of opioids can be associated with the development of tolerance, sedation, addiction, dependency and adverse interaction with other sedatives. The records indicate that the patient is compliant with the medications. There is no documentation of adverse effects or aberrant behavior. The criteria for the use of Norco 10/325 # 30 was met.

(L) transforaminal lumbar epidural steroid injection L4-5 and L5-S1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injections can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and PT have failed. The records indicate that the patient had subjective, objective and radiological findings consistent with the diagnosis of lumbar radiculopathy. The exacerbation of lumbar pain had not resolved with conservative treatments. The criteria for the fluoroscopic guided left transforaminal lumbar epidural steroid injection L4-L5 and L5-S1 with iv contrast epidurogram under iv sedation was met.

Lumbar epidurogram: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injections can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and PT have failed. The records indicate that the patient had subjective, objective and radiological findings consistent with the diagnosis of lumbar radiculopathy. The exacerbation of lumbar pain had not resolved with conservative treatments.

The criteria for the fluoroscopic guided left transforaminal lumbar epidural steroid injection L4-L5 and L5-S1 with iv contrast dye epidurogram under iv sedation was met.

Contrast dye: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injections can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and PT have failed. The records indicate that the patient had subjective, objective and radiological findings consistent with the diagnosis of lumbar radiculopathy. The exacerbation of lumbar pain had not resolved with conservative treatments. The criteria for the fluoroscopic guided left transforaminal lumbar epidural steroid injection L4-L5 and L5-S1 with iv contrast dye epidurogram under iv sedation was met.

IV sedation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injections can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and PT have failed. The records indicate that the patient had subjective, objective and radiological findings consistent with the diagnosis of lumbar radiculopathy. The exacerbation of lumbar pain had not resolved with conservative treatments. The criteria for the fluoroscopic guided left transforaminal lumbar epidural steroid injection L4-L5 and L5-S1 with iv contrast dye epidurogram under iv sedation was not met.

Fluoroscopic guidance: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injections can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and PT have failed. The records indicate that the patient had subjective, objective and radiological findings consistent with the diagnosis of lumbar radiculopathy. The exacerbation of lumbar pain had not resolved with conservative treatments. The criteria for the fluoroscopic guided left transforaminal lumbar epidural steroid injection L4-L5 and L5-S1 with iv contrast dye epidurogram under iv sedation was met.