

<b>Case Number:</b>	CM15-0133247		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Connecticut, California, Virginia

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 was a 52 year old female, who sustained an industrial injury, February 3, 2012. The injured worker previously received the following treatments lumbar spine and thoracic x-rays which showed persistent loss of lordosis, lumbar spine MRI, left L4-L5 selective nerve root block, thoracic epidural injection, lumbar spine epidural injection, fail conservative therapy were chiropractic manipulation, physical therapy, medications, rest and home exercise program, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities which showed left side S1 radiculopathy and random toxicology laboratory studies which were negative for any unexpected findings on May 13, 2015. The injured worker was diagnosed with herniated disc at L5-S1, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome and lumbar sacroiliac joint arthropathy. According to progress note of May 12, 2015, the injured worker's chief complaint was lumbar spine pain. The injured worker rated the pain at 4 out of 10. The injured worker reported the pain had improved since the last visit. The pain was described as achy, radiating into the bilateral lower extremities, more on the left down to the heel. On April 18, 2015, the injured worker underwent a left L4-L5 selective nerve root block; the injured worker had 60% relief of pain. The pain was about 40% relief at this visit. The injured worker was able to walk longer and take less pain medication. The physical exam noted the injured worker walked with an antalgic gait on the left. Heel to toe walk was performed with difficulty secondary to low back pain. There was normal lordosis and alignment. There was diffuse tenderness and spasms over the lumbar paravertebral muscles. There was tenderness to palpation over the left piriformis muscle, eliciting referred pain to the posterior thigh, sacroiliac and gluteus muscles. The seated straight leg raises were positive at 50 degrees on the left and supine at 40 degrees on the left. The treatment plan included lumbar L4-L5 nerve block #2, a urine toxicology screening and a prescription for Norco.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lumbar L4-L5 Selective Nerve Block (Qty 2): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back-Facet joint diagnostic blocks (injections).

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

**Decision rationale:** Per the MTUS Chronic Pain Guidelines (page 46), in order to warrant injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. The MTUS criteria for epidural steroid injections also include unresponsiveness to conservative treatment (exercises, physical methods, and medications). The MTUS clearly states that the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Given the recommendations for epidural steroid injections as written in the MTUS guidelines and the provided records indicating that conservative treatment have failed to control pain at this time, the request for L5-S1 block was certified, but the request for L4-L5 was non-certified. This was reasonably based on the likelihood that the patient's pain appears to be resulting from the lower level. If the L5-S1 block is completed and there is indication for further block at L4-L5, additional consideration should occur for the request. At this time, based on the provided documents, the request for injection at L4-L5 is not considered medically necessary.

### **Urine Toxicology screen, Qty 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines urine drug testing Page(s): 89.

**Decision rationale:** The MTUS Chronic Pain guidelines describe urine drug testing as an option to assess for the use or presence of illegal drugs. Given this patient's history based on the provided documentation, there is no evidence of risk assessment for abuse, etc. Without documentation of concerns for abuse/misuse or aberrant behavior, the need for screening cannot be substantiated at this time and is therefore not considered medically necessary.

### **Norco 10/325 mg Qty 90: Upheld**

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

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

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended, Utilization Review reasonably non-certified the request and encouraged appropriate weaning. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Norco is not considered medically necessary.