

Case Number:	CM15-0133658		
Date Assigned:	07/21/2015	Date of Injury:	02/15/1994
Decision Date:	08/24/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/10/2015

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 61-year-old female who sustained an industrial injury on 02/15/1994. She reported back pain after lifting cases. Initial diagnoses are not available. Current diagnoses include severe lumbar degenerative disc disease, status post spinal cord stimulator implant, and scoliosis changes. Diagnostic testing and treatment to date has included x-rays, CT, urine drug screen, lumbosacral fusion, lumbar facet joint block, epidural steroid injections, spinal cord stimulation therapy, lumbar block, and oral/topical pain medication management. Currently, the injured worker complains of pain level at a 10 on a 10 point pain scale. Past pain had been ranging from 7-8/10. The pain is harder to control and she is taking her pain medications every 4 hours; it wears off within 5 hours. Previous block treatment helped quite a bit; the pain was 40% better. Requested treatments include L3/4 translaminal epidural steroid injection Qty: 1.00, bilateral L2 paravertebral sympathetic blocks Qty: 1.00, and Norco 10/325 (unspecified quantity) Qty: 180.00. The injured worker's status is not addressed. Date of Utilization Review: 06/29/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3/4 translaminal epidural steroid injection Qty: 1.00: Upheld

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

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

Decision rationale: The patient presents with pain affecting the low back. The current request is for L3/4 translaminar epidural steroid injection Qty: 1.00. The requesting treating physician report dated 6/18/15 (16B) was not legible. All of the primary treating physician's progress reports provided for review were partially illegible. MTUS Guidelines do recommend ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The UR report dated 6/29/15 (5B) notes that the patient is status post L5-S1 fusion and has received prior ESIs without documentation of functional improvement. In this case, the patient presents with low back pain, but there is no documentation of radiculopathy in the medical reports provided for review. Furthermore, the patient has received a previous ESI at the L3-4 level with no evidence of functional improvement. There was no evidence of imaging studies or electrodiagnostic testing found in the documents provided and therefore could not corroborate findings of radiculopathy. The current request does not satisfy the MTUS guidelines as outlined on page 46. The current request is not medically necessary.

Bilateral L2 paravertebral sympathetic blocks Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar sympathetic block Page(s): 57, 104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks Page(s): 103-104.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Bilateral L2 paravertebral sympathetic blocks Qty: 1.00. The requesting treating physician report dated 6/18/15 (16B) was not legible. All of the primary treating physician's progress reports provided for review were partially illegible. The MTUS guidelines state the following regarding regional sympathetic blocks: "Recommendations are generally limited to diagnosis and therapy for CRPS. See CRPS, sympathetic and epidural blocks for specific recommendations for treatment." "Lumbar Sympathetic Blocks: There is limited evidence to support this procedure, with most studies reported being case studies." In this case, documentation of CRPS, which is indicated for the requested procedure, was not found in the documents provided for review. Additionally, according to the UR report dated 6/29/15 (5B) the patient received a bilateral paravertebral sympathetic block at the L2 level on 3/11/15, and no documentation of functional improvement was provided. Furthermore, according to the MTUS guidelines, lumbar sympathetic blocks are under study with limited support for the procedure. The current request does not satisfy the MTUS guidelines as outlined on pages 103-104. The current request is not medical necessary.

Norco 10/325 (unspecified quantity) Qty: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids, On-going management, When to discontinue/continue Opioids, Weaning of

medications Page(s): 75, 78, 79, 80, 132.

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 Norco 10/325 (unspecified quantity) Qty: 180.00. The requesting treating physician report dated 6/18/15 (16B) was not legible. All of the primary treating physician's progress reports provided for review were partially legible. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, show the patient has been taking Norco since at least 1/8/15 (103B). The reports dated 7/23/15 and 6/18/15 do not clearly note the patient's pain level while on current medication. No adverse effects or adverse behavior were discussed by the patient. It is unclear if the patient has returned to work. There is no evidence provided that shows the physician has a signed pain agreement or cures report on file. In this case, all four of the required. As are not addressed, the patient's pain level has not been assessed on each visit and functional improvement has not been documented. The MTUS guidelines require much more thorough documentation to recommend the continued usage of Norco. The current request is not medically necessary.