

<b>Case Number:</b>	CM15-0143591		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	06/18/2001
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 50 year old male, who sustained an industrial injury on June 18, 2001, incurring low back injuries. He was diagnosed with lumbar disc disease, lumbar disc protrusions, lumbar radiculopathy, and bilateral spondylosis. He underwent lumbar laminectomy in 2003 and in 2004. Treatment included pain medications, anti-inflammatory drugs, muscle relaxants, epidural steroid injection, physical therapy and home exercise program. Currently, the injured worker complained of persistent low back pain radiating down both legs. He rated his pain 9 on a pain scale from 1 to 10. He noted loss of sleep secondary to the chronic pain. The treatment plan that was requested for authorization included bilateral lumbar transforaminal epidural injection 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:

**Bilateral L5 transforaminal lumbar epidural injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

**Decision rationale:** The claimant has a remote history of a work injury occurring in June 2001 and has undergone two lumbar spine surgeries. Transforaminal epidural steroid injections were done in March 2004 and February 2006. Medications are referenced as decreasing pain from 9/10 to 5/10. When seen, he was having increasing low back and bilateral lower extremity radiating symptoms. Physical examination findings included decreased and painful lumbar spine range of motion with muscle tenderness. Straight leg raising was negative. There was normal strength and sensation. There was a decreased right patellar reflex. He had an antalgic gait without use of an assistive device. His BMI was over 32. Imaging results were reviewed with an MRI of the lumbar spine in November 2013 showing mild degenerative changes and expected postoperative findings. Electrodiagnostic testing in 2004 and 2005 showed findings of stable right L5 radiculopathy. A repeat epidural steroid injection should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, the degree and duration of any pain relief following the previous two injections is not documented. The only physical examination findings of radiculopathy is the asymmetric decreased right patellar reflex. Although electrodiagnostic testing has shown the presence of chronic right L5 radiculopathy, the last epidural injection performed was done after this testing. The most recent imaging in November 2013 does not confirm any areas of ongoing neural compromise. The requested lumbar epidural steroid injection was not medically necessary.

**Norco 10/325mg #90:** Overturned

**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 (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in June 2001 and has undergone two lumbar spine surgeries. Transforaminal epidural steroid injections were done in March 2004 and February 2006. Medications are referenced as decreasing pain from 9/10 to 5/10. When seen, he was having increasing low back and bilateral lower extremity radiating symptoms. Physical examination findings included decreased and painful lumbar spine range of motion with muscle tenderness. Straight leg raising was negative. There was normal strength and sensation. There was a decreased right patellar reflex. He had an antalgic gait without use of an assistive device. His BMI was over 32. Imaging results were reviewed with an MRI of the lumbar spine in November 2013 showing mild degenerative changes and expected postoperative findings. Electrodiagnostic testing in 2004 and 2005 showed findings of stable right L5 radiculopathy. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction

and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.