

Case Number:	CM15-0143954		
Date Assigned:	08/05/2015	Date of Injury:	12/15/2005
Decision Date:	09/11/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/27/2015

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 47 year old male, who sustained an industrial injury on 12-05-2005 secondary to a fall off of a ladder resulting in right elbow, neck, wrist and shoulder injury. On provider visit dated 07-01-2015, the injured worker has reported lumbar spine worsening pain and spasm, bilateral leg pain-paresthesia and difficulty with prolonged sitting, standing, lifting, pushing, pulling, bending and lifting. On examination of the lumbar spine, neuro-circulatory status was intact, painful arc of motion was note as well as tenderness to palpation at the anterior capsule-cuff. The diagnoses have included lumbar degenerative disc disease and lumbar radiculopathy. Treatment to date has included medication and laboratory studies. The provider requested interlaminar epidural steroid injection L4-L5 and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar ESI L4-5 x 1: Overturned

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

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

Decision rationale: The patient presents with cervical, bilateral shoulder, lumbar and bilateral lower extremity pain with paresthesia. The current request is for Interlaminar ESI L4/5 x 1. The 3/14/13 lumbar MRI report indicates disc herniation at L4/5. The treating physician report dated 7/1/15 (78b) states, Left L5 loss: Dermatome. Request Injection lumbar, Interlaminar ESI at L4/5. The MTUS Guidelines support the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. In this case, the treating physician has requested a lumbar ESI and the documentation provided has met the necessary criteria as outlined in the MTUS guidelines. The current request is medically necessary.

Percocet 10/325 MG #60: 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: The patient presents with cervical, bilateral shoulder, lumbar and bilateral lower extremity pain with paresthesia. The current request is for Percocet 10/325mg #60. The treating physician states, "Medications: Percocet 10/325 #60." For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has not documented that the patient has any relief with medication usage. There are no before or after pain scales used. There is no discussion regarding ADLs or any functional improvements with medication usage. There is no mention of side effects or aberrant behaviors. The MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary.