

Case Number:	CM15-0184537		
Date Assigned:	09/25/2015	Date of Injury:	08/22/2001
Decision Date:	11/19/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/18/2015

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

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 is a 60 year old female, who sustained an industrial injury on August 22, 2001. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having lumbar radiculopathy, anxiety, depression and chronic pain other. On February 6, 2015, the injured worker received a transforaminal epidural steroid injection bilaterally at L5-S1. She reported 50-80% overall improvement for a duration of 5 months. On August 24, 2015, the injured worker complained of low back pain with radiation down the right lower extremity. The pain radiated to the bilateral hips, to the right thigh and to the right foot. The pain was accompanied by numbness frequently in the bilateral lower extremities to the level of the feet. She also reported frequent muscle spasms in the low back. Her pain was rated as a 7 on a 1-10 pain scale with medications and a 9 on the pain scale without medications. She reported 80% improvement due to her current muscle relaxant and opioid pain medication. The pain was reported as unchanged since her last exam visit. Activity, standing and walking were noted to aggravate the pain. Interference with activities due to pain over the past month was rated as a 7 according to a scale of 1-10 where 0 is no interference and 10 is unable to carry on any activities. Physical examination of the lumbar spine revealed tenderness upon palpation in the spinal vertebral area L4-S1 levels. Range of motion of the lumbar spine was noted to be "moderately limited" secondary to pain. Pain was significantly increased with flexion and extension. Range of motion of the lower extremities was decreased due to pain. The treatment plan included lumbar epidural steroid injections using fluoroscopy, a gym membership with access to a pool, medications and a follow-up visit. On September 18, 2015, utilization

review denied a request for right L4-5 transforaminal epidural under fluoroscopy, left L4-5 transforaminal epidural under fluoroscopy, right L5-S1 transforaminal epidural under fluoroscopy, left L5-S1 transforaminal epidural under fluoroscopy and gym membership with pool access for twelve months. A request for Norco 10-325 mg #180 has been modified to Norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient reported 80% pain relief and functional improvement with the continued use of this medication. I am reversing the previous utilization review decision. Norco 10/325mg quantity 180 is medically necessary.

Right L4-5 transforaminal epidural under fluoroscopy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks 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, with a general recommendation of no more than 4 blocks per region per year. The medical record contains sufficient documentation to support a referral request. This patient reported 50-80% overall improvement for a duration of 5 months as a result of her last lumbar epidural steroid injection. I am reversing the previous utilization review decision. Right L4-5 transforaminal epidural under fluoroscopy is medically necessary.

Left L4-5 transforaminal epidural under fluoroscopy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks 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, with a general recommendation of no more than 4 blocks per region per year. The medical record contains sufficient documentation to support a referral request. This patient reported 50-80% overall improvement for a duration of 5 months as a result of her last lumbar epidural steroid injection. I am reversing the previous utilization review decision. Left L4-5 transforaminal epidural under fluoroscopy is medically necessary.

Right L5-S1 transforaminal epidural under fluoroscopy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks 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, with a general recommendation of no more than 4 blocks per region per year. The medical record contains sufficient documentation to support a referral request. This patient reported 50-80% overall improvement for a duration of 5 months as a result of her last lumbar epidural steroid injection. I am reversing the previous utilization review decision. Right L5-S1 transforaminal epidural under fluoroscopy is medically necessary.

Left L5-S1 transforaminal epidural under fluoroscopy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks 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, with a general recommendation of no more than 4 blocks per region per year. The medical record contains sufficient documentation to support a referral request. This patient reported 50-80% overall improvement for a duration of 5 months as a result of her last lumbar epidural steroid injection. I am reversing the previous utilization review decision. left L5-S1 transforaminal epidural under fluoroscopy is medically necessary.

Gym membership with pool access, twelve months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Gym Memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Gym membership.

Decision rationale: A private gym membership is not considered to be medical treatment. Exercise at the gym is typically unsupervised and there is no feedback to the treating physician. Neither the MTUS nor the Official Disability Guidelines recommended unmonitored exercise not overseen by a medical professional. Gym membership with pool access, twelve months is not medically necessary.