

Case Number:	CM15-0184857		
Date Assigned:	09/25/2015	Date of Injury:	09/25/2014
Decision Date:	11/03/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/21/2015

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: Emergency 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 36 year old male, who sustained an industrial-work injury on 9-25-14. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain and sprain, lumbar disc protrusions, and lumbar radiculitis. Medical records dated (5-4-15 to 8-19-15) indicate that the injured worker complains of low back pain that is present all the time. There is soreness in the left gluteus with prolonged sitting. The range of motion of the back is painful and symptoms increase with bending and lifting activities. The pain with activity is rated 3-8 out of 10 on pain scale and with rest, the pain is rated 2-3 out of 10. This has remained unchanged. Per the treating physician report dated 7-23-15 the injured worker may return to regular work. The physical exam dated (5-4-15 to 8-19-15) reveals that the lumbar range of motion is decreased and painful, there is tenderness to palpation of the lumbar spine and intermittent numbness and tingling reported. Treatment to date has included pain medication, Norco since at least 7-22-15, diagnostics, physical therapy, swimming, acupuncture and other modalities. There is no documentation of previous epidural steroid injection (ESI) and there is no urine drug screen reports noted. The requested services included Pain management referral for possible lumbar epidural injection and Norco 5-325mg, #60. The original Utilization review dated 8-31-15 non-certified the request for Pain management referral for possible lumbar epidural injection and modified the request for Norco 5-325mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management referral for possible lumbar epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition page 127 Consultations.

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

Decision rationale: Since this request is for a pain management specialist specifically for lumbar epidural injection, this review will assess the guidelines for ESI. If ESI is not medically recommended, then a referral to this specialist would also not be needed. As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI. There is no long-term plan. Fails criteria. 2) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. PT has only been noted to have undergone physical therapy. No other conservative measures include 1st line medications for claimed radicular pain has been attempted. Fails criteria. 3) Radiculopathy as defined by MTUS guidelines. Documentation fails to document appropriate neurological findings supported by electrodiagnostic criteria for radiculopathy. Patient has MRI with disc bulges but exam fails to document findings consistent with radiculopathy as defined by MTUS guidelines. Fails criteria. Patient fails multiple criteria for lumbar epidural steroid injection. Lumbar epidural steroid injection is not medically necessary. Therefore, referral to a pain management specialist is not medically necessary.

Norco 5/325mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails to support request or meet criteria. There is no documentation of functional improvement except that patient is back to work. There is no documentation of screening or a recent urine drug screen. There is no long-term opioid plan or plan for weaning. Norco is not medically necessary.

