

Case Number:	CM15-0186454		
Date Assigned:	09/28/2015	Date of Injury:	04/30/2007
Decision Date:	11/06/2015	UR Denial Date:	09/05/2015
Priority:	Standard	Application Received:	09/22/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 46 year old male with a date of injury on 4-30-2007. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar failed back surgery syndrome and lumbar spinal stenosis. Medical records (4-29-2015 to 8-19-2015) indicate ongoing low back pain rated 4 out of 10 with medications and 7 to 8 out of 10 without medications on average. The injured worker reported ongoing limitations with activities of daily living related to self-care and hygiene, activity, ambulation, sleep and sex rated 6 out of 10. He was given a Toradol injection at the 8-19-2015 visit. The physical exam (8-19-2015) revealed spasm in the L4-S1 right paraspinal musculature. There was tenderness to palpation in the spinal vertebral area L4-S1 levels. Myofascial trigger points were noted bilaterally. Range of motion of the lumbar spine was limited due to pain. Straight leg raise was positive on the right. Treatment has included lumbar fusion and medications (Norco since at least 3-4-2015). The injured worker underwent a lumbar spine hardware block on 3-17-2015. He reported greater than 80% overall improvement. The original Utilization Review (UR) (9-5-2015) denied requests for bilateral L4-5 caudal epidural steroid injection and Hydrocodone-Acetaminophen. Utilization Review approved a request for Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral L4-5 caudal epidural steroid injection: 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): Epidural steroid injections (ESIs).

Decision rationale: CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections to for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. Repeat epidural blocks should be used only when a 50 % reduction in pain accompanied by reduced medication usage for 6-8 weeks. In this case, there is documentation of up to 50% reduction in pain after the prior injections with relief sustained for several months. Epidural steroid injection is medically necessary.

Hydrocodone/Acetaminophen 10/325mg #75: Upheld

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, criteria for use, Opioids for chronic pain.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with hydrocodone-acetaminophen.