

Case Number:	CM15-0191594		
Date Assigned:	10/05/2015	Date of Injury:	05/08/2002
Decision Date:	11/12/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 42 year old male who sustained an industrial injury on 5-6-02. A review of the medical records indicates he is undergoing treatment for L4-5 and L5-S1 facet arthropathy, L4-5 and L5-S1 disc degeneration, L4-5 and L5-S1 stenosis, chronic lumbago, right leg radiculopathy, and status post laminectomy. Medical records (6-16-15 to 8-19-15) indicate ongoing complaints of left sided low back pain with numbness radiating from his back to the posterior right thigh to his foot. He rated his pain "6 out of 10" with medications and "8 out of 10" without medications on 6-16-15. He presented to the emergency room on 8-3-15 for increased pain in his low back. He was treated with Dilaudid and given a prescription for Norco. The following day, he reported to his treating provider and rated his pain "7 out of 10" with medications and "9 out of 10" without medications. On 8-19-15 he reported his pain level at "7-9 out of 10" without medications. He reports that his pain limits his ability to bathe, dress, stand, sit, recline, walk, grasp, lift, ride, drive, fly, and sleep. He also reports difficulty with tactile discrimination. The physical exam (8-19-15) reveals a normal gait. No tenderness is noted to palpation of the lumbar spine. "Increased pain" is noted with left bending. Decrease sensation is noted over the right L5 and right S1 dermatome distribution. Reflex and motor strength are within normal limits. The straight leg raise is negative bilaterally. Diagnostic studies have included an x-ray and MRI of the lumbar spine. EMG-NCV has been requested and is pending authorization. Treatment has included lumbar facet block at L4-5 and L5-S1 bilaterally x 2, radiofrequency ablation at L4, L5, and S1 of the medial branches bilaterally, a lumbar epidural steroid injection, a right L3-L4 transforaminal epidural steroid injection, a right S1 selective

nerve root block, and medications. His medications include Valium 10mg, Celebrex 200mg, and Vicodin "5-300". He was given prescriptions for Medrol 4mg Dosepak and Norco 10-325, 1 tablet twice daily as needed on 8-19-15. Treatment recommendations include an epidural steroid injection on the right L4-5 and L5-S1, chiropractic therapy, acupuncture, as well as the prescribed medications. The utilization review (9-8-15) includes a request for authorization of the epidural steroid injection, chiropractic therapy, acupuncture, and Norco. The epidural steroid injection and Norco were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

One epidural steroid injection on the right at L4-5 and L5-S1: 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): Epidural steroid injections (ESIs).

Decision rationale: One epidural steroid injection on the right at L4-5 and L5-S1 is not medically necessary per the MTUS Guidelines. The MTUS states that if used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. The MTUS states that 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. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation indicates that on 7/6/15 the patient underwent a right S1 selective nerve root block. The documentation indicates that he received no relief from this procedure. The documentation indicates EMG/NCV are pending and there are no objective lumbar MRI studies for review to corroborate with physical exam findings. Additionally, the documentation states that the patient had a lumbar epidural steroid injection in 2013 but it is not clear regarding the levels of injection or the outcome. Without significant evidence of relief from prior blocks/injections the request for a lumbar epidural steroid injection is not medically necessary.

Norco 10/325mg #60: 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, pain treatment agreement.

Decision rationale: Norco 10/325mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality

of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS supports monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drugtaking behaviors). The documentation does not reveal clear monitoring of the 4 A's or a pain treatment agreement. The documentation reveals that the patient has been on prior opioids without significant evidence of increased function and with continued high pain levels. Therefore the request for Norco is not medically necessary.