

Case Number:	CM15-0193176		
Date Assigned:	10/07/2015	Date of Injury:	04/19/2002
Decision Date:	11/18/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/01/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 50 year old male, who sustained an industrial injury on April 19, 2002. The injured worker was diagnosed as having post lumbar laminectomy, lumbar disc degeneration, and lumbar radiculopathy. Treatment and diagnostic studies to date has included above noted procedure, medication regimen, status post placement of a stimulator, status post lumbar fusion at lumbar four to five, laboratory studies, computed tomography myelogram of the lumbar spine, and neurological testing. In a progress note dated July 28, 2015 the treating physician reports complaints of pain to the low back and leg including the right knee and the anterior of the right upper shin. Examination performed on July 28, 2015 was revealing for decreased range of motion to the lumbar spine and decreased sensation to the right lumbar three, four, and five distribution. On July 28, 2015 the injured worker' medication regimen included Fentanyl Patch (since at least January of 2015). The progress note from July 28, 2015 did not include the injured worker's numeric pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. The progress note from July 21, 2015 noted neurological testing with the date unknown that was revealing for right lumbar three to four radiculopathy and chronic right lumbar radiculopathy. On July 28, 2015 the treating physician requested right lumbar four diagnostic nerve root epidural steroid injection under fluoroscopy guidance and sedation as recommended by specialist and Fentanyl Patch 25mcg with a quantity of 15 noting current use of this medication. On September

02, 2015 the Utilization Review determined the request for a right lumbar four diagnostic nerve root epidural steroid injection under fluoroscopy guidance and sedation to be non-certified. On September 02, 2015 the Utilization Review determined the request for Fentanyl Patch 25mcg with a quantity of 15 to be modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right L4 diagnostic nerve root epidural steroid injection under fluoroscopy guidance and sedation: Upheld

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

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

Decision rationale: According to the MTUS, recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Criteria for the use of ESI is 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDS, and muscle relaxants). Injections should be performed using fluoroscopy for guidance. 4) 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. 5) No more than two nerve root levels should be injected at one session. 7) 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. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. In this case the neurologic exam is normal and a radiculopathy is not demonstrated on physical exam. The criteria is not met for an ESI. Therefore, the requested treatment is not medically necessary.

1 prescription of Fentanyl patch 25mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system).

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

Decision rationale: Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case the documentation doesn't support that the patient has had a meaningful improvement in function or pain while taking this medication. The continued use is not medically necessary.