

Case Number:	CM15-0194639		
Date Assigned:	11/03/2015	Date of Injury:	04/04/2003
Decision Date:	12/22/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/05/2015

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, North Carolina
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 54 year old male with a date of injury on 4-4-03. A review of the medical records indicates that the injured worker is undergoing treatment for multiple orthopedic complaints. Progress report dated 8-21-15 reports continued complaints of neck pain that radiates down the bilateral upper extremities, lower back pain radiates down the bilateral lower extremities to the feet and muscle weakness frequently in the bilateral lower extremities. The pain is rated 8 out of 10 with medications and 9 out of 10 without medications. Objective findings: cervical tenderness with moderately decreased range of motion, lumbar spine has tenderness upon palpation and range of motion is moderately limited due to pain. Treatments include: medication, physical therapy, lumbar fusion. Request for authorization was made for Bilateral L5-S1 caudal epidural steroid injection under fluoroscopy and Norco 5-325 mg quantity 90. Utilization review dated 10-2-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 caudal epidural steroid injection under fluoroscopy: 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: The claimant is a 54 year-old with date of injury of 4/4/2003 with chronic neck, low back and leg pain. The request is for bilateral L5-S1 ESI. CA MTUS Guidelines states that ESI's purpose is to reduce pain and inflammation, restore range of motion and facilitate more active participation in rehab, and avoid surgery. ESI can only offer short-term relief and should be used in conjunction with other rehab efforts. ESI does not improve impairment in function or the need for surgery or long-term pain relief beyond 3 months. ESI is recommended as an option for treatment of radicular pain. In this case, there is no documentation of findings consistent with radiculopathy by physical exam and corroborated by MRI/electrodiagnostic studies. Therefore the patient does not meet criteria for ESI and the request is not medically necessary or appropriate.

Norco 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

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

Decision rationale: The request is for continuation of long-term Norco. Norco is an opioid intended for short-term use. In this case, the patient has been taking Norco on a long-term basis. Long-term use is indicated if there is demonstrated pain relief and functional improvement. In this case, there is no significant pain relief, with pain recently rated as 8/10 with medication. There is also a lack of documented functional improvement. Due to the lack of improvement in pain and function, it is recommended that Norco be discontinued. Therefore the request is not medically necessary or appropriate.