

Case Number:	CM15-0199266		
Date Assigned:	11/06/2015	Date of Injury:	02/24/2012
Decision Date:	12/23/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/09/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 44 year old male who reported an industrial injury on 2-24-2012. His diagnoses, and or impressions, were noted to include: sub-acute low back pain; lumbar radiculopathy, facet arthropathy, and stenosis; multi-level lumbar disc herniations with stenosis; and status-post bilateral inguinal hernia repair (10-10-12). No imaging studies were noted; MRI of the lumbar spine were said to have been done on 7-14-2012, noting lumbosacral degenerative disc disease with facet arthropathy, moderate lumbar canal stenosis, and moderate bilateral lumbar neural foraminal narrowing. His treatments were noted to include: an agreed medical evaluation in neurology and comprehensive medical-legal evaluation on 7-21-2014; psychiatric evaluation and treatment; medication management with toxicology screenings (2-3-15); 16 chiropractic sessions; 18 acupuncture sessions; 12 physical therapy sessions; and rest from work. The progress notes of 8-5-2015 reported complaints which included: aching low back pain, rated 7-8 out of 10, with numbness in his left groin region; increased pain in his left lower abdomen; aching in his bilateral knees and right ankle; the worst pain when transitioning from sitting to standing, bending forward, and with prolonged standing; and that his pain was eased with showers. The objective findings were noted to include: no acute distress; and an antalgic gait with decreased sensation of the right lumbar 3, 5 and sacral 1 dermatomes, with motor examination limited by pain. The physician's requests for treatment were noted to include a repeat transforaminal epidural steroid injection (TFESI). The 3-4-2015 progress notes noted the request for extension of TFESI to the left lumbar 5-sacral 1, and the progress notes of 4-7-2015 noted the request for scheduling the TFESI of the lumbar 5-sacral 1. The Request for

Authorization, dated 8-5-2015, was noted to include repeat TFESI left lumbar 5-sacral 1, and for Norco 7.5-325 mg, #120. The Utilization Review of 9-9-2015 non-certified the request for repeat transforaminal epidural steroid injection of the left lumbar 5-sacral 1, and Norco 7.5-325 mg, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

One repeat transforaminal epidural steroid injection left L5-S1: 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 records indicate the patient has complaints of increasing low back pain over the past two weeks and ongoing neck pain. The current request for consideration is one repeat transforaminal ESI left L5-S1. The attending physician report dated 8/5/15 states, "request the patient for a repeat TFESI to the left L5-S1 for diagnostic and therapeutic purposes. Please note the patient has had significant benefit from this treatment in the past." The CA MTUS was consulted and has this to say regarding ESIs: Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. In this case, the records indicate the patient has low back pain, bilateral knee pain, and right ankle pain. The extremity pain is not noted to be along a specific dermatome and appears quite diffuse. There are some notes regarding decreases sensation, but covering three dermatomal levels. There is also weakness noted in the tibialis anterior, but this is also reported as bilateral. After searching the records, there was an MRI scan of the lumbar spine dated 7/17/12, which apparently showed no evidence of nerve root impingement. There were also notations made from the AME, which state that previous EMG/NCV studies in the lower extremities were negative for radiculopathy. The request does not appear medically necessary as the guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studies. As radiculopathy has not been documented in the available records for review, the request is not medically necessary.

Norco 7.5/325mg #120: Upheld

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

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

Decision rationale: The records indicate the patient has complaints of increasing low back pain over the past two weeks and ongoing neck pain. The current request for consideration is Norco 7.5/325mg #120. The attending physician states the Norco is for severe pain. As per MTUS guidelines, the criteria for use of opioids in the management of chronic pain include: prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. There is no documentation of improved functional ability or return to work. There is also no documentation of adverse side effects or aberrant drug behaviors. There is no discussion of decreasing pain levels and functional improvement with the use of this medication. There is no pain assessment to determine how much pain the patient has prior to the medication vs. after the medication. The MTUS requires much more thorough documentation for continued opioid usage. The current request is not consistent with MTUS guidelines and is not medically necessary.