

<b>Case Number:</b>	CM15-0206156		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	08/25/2014
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 8-25-2014. Medical records indicate the worker is undergoing treatment for lumbar radiculopathy and gastro esophageal reflux disease. A recent progress report dated 9-16-2015, reported the injured worker complained of intermittent low back pain radiating to the bilateral lower extremities with numbness and tingling in the toes. Pain was rated 4 out of 10 with medications and 8 out of 10 without medications. Physical examination revealed lumbosacral tenderness and positive straight leg raise test at 70 degrees. Lumbar magnetic resonance imaging showed lumbosacral disc desiccation, lumbosacral annular tear, lumbar 1-3 hemangioma and multilevel disc herniation. Treatment to date has included a prior epidural steroid injection on 5-9-2015, physical therapy and medication management. The prior epidural steroid injection was reported to have improved pain by 50-80 % and good functional improvement for 3 months. On 9-21-2015, the Request for Authorization requested Bilateral lumbar 5 to sacral 1 interlaminar lumbar epidural steroid injection under fluoroscopy #1 and Tylenol #3 #30. On 9-28-2015, the Utilization Review noncertified the request for Bilateral lumbar 5 to sacral 1 interlaminar lumbar epidural steroid injection under fluoroscopy #1 and Tylenol #3 #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L5-S1 interlaminar lumbar epidural steroid injection under fluoroscopy #1:**  
Overturned

**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:** Per the MTUS Chronic Pain Guidelines (page 46), in order to warrant injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS criteria for epidural steroid injections also include unresponsiveness to conservative treatment (exercises, physical methods, and medications). The MTUS clearly states that the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Given the recommendations for epidural steroid injections as written in the MTUS guidelines, and noting that opioids should be discontinued, with the apparent 50-80% relief from prior injection, an additional injection is an appropriate consideration. Documentation of clear evidence of objective functional improvement should be aggressively sought following the procedure, and continuing management strategies (home exercise program, etc.) should be pursued. Therefore, the request for ESI is considered medically appropriate at this time.

**Tylenol #3 #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioid hyperalgesia, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably non-certified the request to facilitate appropriate discontinuation of opioids. Given the lack of clear evidence to support functional improvement on opioids and the chronic risk of continued treatment, the request for Tylenol #3 is not considered medically necessary.