

Case Number:	CM15-0020430		
Date Assigned:	02/10/2015	Date of Injury:	10/10/2013
Decision Date:	03/30/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/03/2015

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
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 52 year old male, who sustained an industrial injury on 10/10/2013. The diagnoses have included multilevel degenerative disc disease, lumbar radiculopathy with bilateral L4, L5, S1 nerve root impingement, lumbar spinal stenosis, lumbar facet osteoarthritis diffusely, right hip degenerative joint disease, and possible right greater trochanter bursitis. Noted treatments to date have included physical therapy, chiropractic treatment, home exercise program, and medications. Diagnostics to date have included MRI of the lumbar spine on 12/19/2013 showed multilevel moderate lumbar spondylosis, L5-S1 level moderate dorsally bulging and extruded disc, L2-3, L3-4, L4-5, and L5-S1 levels with significant lateral recess effacement, severe bilateral neural foraminal narrowing at L5-S1, and chronic mild to moderate L2 vertebrae benign anterior wedge compression fracture. In a progress note dated 01/09/2015, the injured worker presented with complaints of low back and bilateral leg pain. The treating physician reported the injured worker may benefit from an epidural steroid injection at the L5-S1 level, diagnostic and therapeutic. Utilization Review determination on 01/23/2015 non-certified the request for L5-S1 Lumbar Epidural Steroid Injection and modified the request for Norco 10/325mg #90 to Norco 10/325mg #42 citing Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 L5-S1 Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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 progress report dated 7/8/14 documented low back and lower extremity pain. The patient reported that he had an epidural injection 6/23/14, without any relief. The orthopedic progress report dated 10/6/14 documented that the injection did not provide any benefit. Per MTUS guidelines for epidural steroid injections, 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. Because the patient reported no benefit with past epidural steroid injection, the request for a repeat epidural steroid injection is not supported by MTUS guidelines. Therefore, the request for L5-S1 lumbar epidural steroid injection is not medically necessary.

1 Prescription of Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91..

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to

100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The initial pain management consultation report dated 1/9/15 documented a history of lumbar spine injury and low back pain. Objective physical examination findings were documented. MRI magnetic resonance imaging studies demonstrated objective evidence of pathology. Per MTUS, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the medical records and MTUS guidelines. Therefore, the request for Norco 10/325 mg is medically necessary.