

Case Number:	CM15-0213716		
Date Assigned:	11/03/2015	Date of Injury:	04/04/2014
Decision Date:	12/15/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/30/2015

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: Massachusetts

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

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 worker is being treated for: lumbar spine strain and sprain: lumbar spine herniated discs, bulges and tears involving lumbar and thoracic spine; chronic pain and lumbar radiculopathy. Subjective: March 24, 2015 he reported "beneficial results of decreased pain." He complained of low back pain, localized with tingling in his left foot and experiencing soreness and stiffness. ADL's result increased low back pain, and noted "acupuncture treatment relieves his symptoms for a few days." He reported not working. April 02, 2015, May 28, 2015 he reported complaint of having thoracic back pain described as sharp; intermittent low back pain radiating down the left lower extremity associated with numbness, intermittent tingling to the left lower extremity at the hip, thigh and knee levels of the left lower extremity. June 24, 2015 he reported still not working. Objective: March 19, 2015 noted the lumbar spine with tenderness to palpation over the left side lower paraspinals and left gluteal. There is note of decreased sensation to the left toes and posterior thigh. April 02, 2015, May 28, 2015, July 23, 2015 noted the thoracic spine with spasm in the bilateral paraspinous muscle along with tenderness in the paravertebral region. There is noted myofascial trigger points with twitch response to upper mid back bilaterally. The lumbar spine noted with tenderness upon palpation in the spinal vertebral areas of L4 through S1, ROM moderately limited due to pain and sensory examination noted decreased sensitivity to touch along the L4 and L5 dermatome in the left lower extremity. Motor examination noted decreased strength of the extensor muscles along the L3 through L5 dermatome in the left lower extremity. A SLR in seated position noted positive on left for radicular pain at 50 degrees. April 23, 2015, June 04, 2015 noted lumbar spine with decreased sensation to light touch of the left

toes. August 06, 2015 the worker is prescribed a modified work duty if and when available. August 06, 2015 noted sensory examination with decreased sensation to light touch over the plantar aspect of left foot and ball of left foot including all five toes. Medication: April 02, 2015, May 28, 2015, July 23, 2015: Norco, Xanax, and Hydrocodone that is prescribed by another provider. Treatment: March 06, 2015 the worker is noted undergoing left L3 and L4; L4 and L5 transforaminal cannulation lumbar epidural space with contrast dye study and infusion of anesthetic locally with Corticosteroid. March 13, 2015 he underwent an epidural injection with note of "decreased pain." March 24, 2015 noted the worker having completed "all six of his additionally authorized acupuncture session to lumbar spine," with request for more. He participates in home exercise program. He also received pain management. April 02, 2015 noted physical therapy sessions 6 to 8 for thoracic spine and plan to progress to home exercises ordered for flare up of pain. On October 05, 2015 a request was made for Norco 5mg 325mg #120 that was modified and two transforaminal epidural steroid injections, one at the left L3 and L4m, and another at L4 and L5 which were noncertified by Utilization Review on October 12, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at the left L3-L4 with fluoroscopy: 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: The claimant sustained a work injury in April 2014 when he had sharp pain in his low back while lifting a cart. An MRI of the lumbar spine in June 2014 showed findings of disc bulging at multiple levels. He underwent a lumbar epidural injection in March 2015 reported as providing up to 50% pain relief lasting for three months. When seen in September 2015 he was having low back pain radiating into the left greater than right lower extremity. He was having intermittent left lower extremity numbness and tingling. Medications are referenced as decreasing pain from 8/10 to 5/10. Physical examination findings included lumbar tenderness with moderately decreased range of motion due to pain. There was decreased left lower extremity strength and sensation. Left straight leg raising was positive. Authorization was requested for a repeat epidural injection. Norco was being prescribed at a total MED (morphine equivalent dose) of 15 mg per day and was continued. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than four blocks per region per year. In this case, the claimant had 50% pain relief after the injection done in March 2015. Imaging and physical examination findings support the injection being requested. A repeat epidural steroid injection is considered medically necessary.

Transforaminal epidural steroid injection at the left L4-L5 with fluoroscopy: 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: The claimant sustained a work injury in April 2014 when he had sharp pain in his low back while lifting a cart. An MRI of the lumbar spine in June 2014 showed findings of disc bulging at multiple levels. He underwent a lumbar epidural injection in March 2015 reported as providing up to 50% pain relief lasting for three months. When seen in September 2015 he was having low back pain radiating into the left greater than right lower extremity. He was having intermittent left lower extremity numbness and tingling. Medications are referenced as decreasing pain from 8/10 to 5/10. Physical examination findings included lumbar tenderness with moderately decreased range of motion due to pain. There was decreased left lower extremity strength and sensation. Left straight leg raising was positive. Authorization was requested for a repeat epidural injection. Norco was being prescribed at a total MED (morphine equivalent dose) of 15 mg per day and was continued. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than four blocks per region per year. In this case, the claimant had 50% pain relief after the injection done in March 2015. Imaging and physical examination findings support the injection being requested. A repeat epidural steroid injection is considered medically necessary.

Norco 5/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: The claimant sustained a work injury in April 2014 when he had sharp pain in his low back while lifting a cart. An MRI of the lumbar spine in June 2014 showed findings of disc bulging at multiple levels. He underwent a lumbar epidural injection in March 2015 reported as providing up to 50% pain relief lasting for three months. When seen in September 2015 he was having low back pain radiating into the left greater than right lower extremity. He was having intermittent left lower extremity numbness and tingling. Medications are referenced as decreasing pain from 8/10 to 5/10. Physical examination findings included lumbar tenderness with moderately decreased range of motion due to pain. There was decreased left lower extremity strength and sensation. Left straight leg raising was positive. Authorization was requested for a repeat epidural injection. Norco was being prescribed at a total MED (morphine equivalent dose) of 15 mg per day and was continued. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain,

increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.