

Case Number:	CM15-0222381		
Date Assigned:	11/18/2015	Date of Injury:	05/16/2002
Decision Date:	12/31/2015	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	11/12/2015

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: New York, West Virginia,
 Pennsylvania Certification(s)/Specialty: Emergency 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 61 year old female, who sustained an industrial injury on 5-16-02. The injured worker was diagnosed as having left L5 and left S1 radiculopathy with lower extremity weakness, lumbar disc protrusion and low back pain. Subjective findings (7-15-15) indicated left neck pain and bilateral low back pain radiating to the left lateral thigh and left posterolateral calf. There is no documentation of current pain level or pain levels with and without medications. The treating physician noted that the injured worker has "failed" Norco for pain. Objective findings (7-15-15) revealed restricted lumbar range of motion in all planes, a positive straight leg raise test bilaterally and tenderness to palpation of the lumbar paraspinal muscles. There is no cervical examination. Treatment to date has included physical therapy, Norco, Lyrica, Soma, Valium and Neurontin. The Utilization Review dated 11-9-15, non-certified the request for a repeat fluoroscopically guided left L5-S1 and left S1-S2 transforaminal epidural steroid injection, a fluoroscopically guided diagnostic left C4-C5 and left C6-C7 facet joint medial branch block and modified the request for Norco 5-325mg #60 to Norco 5-325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat fluoroscopically guided left L5-S1 and left S1-S2 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Guidelines recommend epidural injections as an option when there is radicular pain caused by radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The decision to perform repeat epidural steroid injections is based on objective pain and functional improvement, including at least 50% pain relief with reduction in pain medications for 6-8 weeks. In this case, the patient had a good response to the epidural steroid, but there is no documentation of functional improvement or indication that the patient was able to reduce medication use or return to work. The request for repeat fluoroscopically guided lumbar-sacral epidural steroid injection is not medically necessary and appropriate.

Fluoroscopically guided diagnostic left C4-C5 and left C6-C7 facet joint medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Guidelines consider medial branch blocks for diagnostic purposes. If they are being used for other purposes, there should be no evidence of radicular pain, spinal stenosis or previous fusion. If successful, the recommendation is to proceed to a medial branch diagnostic block followed by neurotomy. In this case, there is no documentation of physical exam findings outlining facet mediated type pain to the cervical spine. The request for fluoroscopically guided diagnostic left medial branch block bilateral C4-5 and C6-7 is not medically necessary and appropriate.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average

pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for Norco 5/325 mg #60 is not medically necessary.