

Case Number:	CM15-0033622		
Date Assigned:	02/27/2015	Date of Injury:	11/11/2003
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/23/2015

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: 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:

The injured worker is a 63-year-old male who sustained an industrial related injury on 11/11/03. The injured worker had complaints of neck pain that radiated to the right upper extremity with numbness back pain, and right knee weakness. Diagnoses included right lumbar radiculopathy, degenerative disc disease of the cervical spine with radiculopathy, cervical spine multiple disc herniation, and L4-5 anterolisthesis grade 1. Treatment included an injection to the right knee with provided 90% pain relief, transforaminal epidural steroid injections to L3-5 nerve roots on 11/9/12, 3 sessions of acupuncture, 8 sessions of physical therapy, and 16 sessions of chiropractic therapy. Medications include Lyrica and Vicodin. The treating physician requested authorization for 1 right transforaminal epidural steroid injection at L5-S1, right S1 selective nerve root block, and Vicodin 5/300mg. On 2/18/15, the requests were non-certified. Regarding the injection and nerve root block, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted there was no evidence the injured worker had failed conservative treatment. Regarding Vicodin, the UR physician cited the MTUS guidelines and noted the request for Vicodin was already certified. Therefore, the additional request for Vicodin was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right transforaminal epidural steroid injection at L5-S1 and right S1 selective nerve root block: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Pain (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with neck pain that radiates down the right upper extremity (4/10), mid and low back pain that is described as tense and tight with associated numbness and tingling (8/10). The request is for 1 Right Transforaminal Epidural Steroid Injection at L5-S1 and Right S1 Selective Nerve Root Block. There is no RFA and the date of injury is 11/11/03. Per 01/15/15 report, the patient has a diagnosis of right lumbar radiculopathy, degenerative disc disease of the cervical spine with radiculopathy, cervical spine multiple disc herniation, and L4-5 anterolisthesis grade 1. Physical examination to the lumbar spine revealed tenderness to palpation, right greater than left. There is decreased range of motion and gait is moderately antalgic with the use of a single point cane. Straight leg raise test is positive on the right. EMG study of the bilateral lower extremities performed on 05/22/14 revealed right S1 radiculopathy. MRI of the lumbar spine performed on 10/08/14, revealed degenerative changes most marked at L4-5 at which level there is mild to moderate canal and moderate bilateral foraminal stenosis. Mild canal and mild to moderate bilateral foraminal stenosis at L2-3, L3-4 and L5-S1. Treatment included an injection to the right knee with provided 90% pain relief, transforaminal epidural steroid injections to L3-5 nerve roots on 11/9/12, 3 sessions of acupuncture, 8 sessions of physical therapy, and 16 sessions of chiropractic therapy. Medications include Lyrica and Vicodin. The patient is permanent and stationary. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," and "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." Per 01/15/15 report, treater states, "I re-request TFESI based on the above noted positive findings which indicate radiculopathy, including positive SLR at 30 degrees to the foot on the right as well." In this case, patient presents with radicular symptoms and has a diagnosis of radiculopathy. Provided medical reports do show a prior ESI to the L3-5 nerve roots on 11/09/12, and treater report dated 12/18/14 states it provided 95% reduction in pain for 2 months. MRI of the lumbar spine performed on 10/08/14 revealed mild canal and mild to moderate bilateral foraminal stenosis at L2-3, L3-4 and L5-S1. The request for the ESI at L5-S1 and S1 appears to be reasonable. EMG showed S1 radiculopathy as well. The request is medically necessary.

Vicodin 5/300mg, #90 DND until 2/15/2015: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with neck pain that radiates down the right upper extremity (4/10), mid and low back pain that is described as tense and tight with associated numbness and tingling (8/10). The request is for vicodin 5/300MG, #90 DND UNTIL 02/15/15. There is no RFA and the date of injury is 11/11/03. Per 01/15/15 report, the patient has a diagnosis of right lumbar radiculopathy, degenerative disc disease of the cervical spine with radiculopathy, cervical spine multiple disc herniation, and L4-5 anterolisthesis grade 1. Treatment included an injection to the right knee with provided 90% pain relief, transforaminal epidural steroid injections to L3-5 nerve roots on 11/9/12, 3 sessions of acupuncture, 8 sessions of physical therapy, and 16 sessions of chiropractic therapy. Medications include Lyrica and Vicodin. Per 01/15/15 report, treater states, "The patient continues to receive relief; the patient indicates the medications reduce his back pain from an 8/10 to a 2/10 on the pain scale. Without the medications, the patient is only capable of sitting, standing and ambulating for approximately 30 minutes before an exacerbation of his pain. The patient denies any side effects. The patient is permanent and stationary. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Per 01/15/15 report, the treater requests for Vicodin and states, "He receives temporary relief from the Vicodin by 100% for approximately 4 hours." Provided medical reports indicate the patient has been prescribed Vicodin at least since 04/21/14. The use of opiates requires detailed documentation regarding pain and function as required by MTUS. Per same treater report, there is a CURES report on file last checked on 12/08/14 and the last UDS performed on 09/23/14 was consistent with patient's medications. There is no aberrant behavior. MTUS requires appropriate discussion of the 4A's. In this case, the provider has discussed all 4 A's as required by guidelines and therefore, the request is medically necessary.