

Case Number:	CM15-0036485		
Date Assigned:	03/05/2015	Date of Injury:	07/27/2007
Decision Date:	04/22/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	02/26/2015

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, Arizona
 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:

Per the documentation, the injured worker is a 59-year-old male who reported an injury on 07/27/2007. The mechanism of injury was not provided. The injured worker was noted to undergo a 360 degree lumbar spine surgery. The injured worker underwent a right L4-5 epidural steroid injection on 08/26/2014. The injured worker underwent conscious and lumbar x-rays for needle localization as well as an epidurograms in conjunction with the epidural. The documentation of 02/17/2015 revealed the injured worker had severe pain of the lumbar spine. The injured worker had pain in the bilateral lower extremities. The injured worker's medications included Norco and Flexeril. The documentation indicated the injured worker has severe right lower extremity and buttock pain. The lumbar range of motion was limited. There was documentation the injured worker had no evidence of side effects from the medications and the injured worker was noted to be compliant. There was noted to be no possibility of abuse. The diagnoses included lumbar disc herniation, degeneration, chronic low back pain and radiculopathy. The treatment plan included an epidural steroid injection, Norco and Flexeril. The previous epidural steroid injection was noted to have helped enormously. The injured worker was requesting another epidural steroid injection, which would include IV sedation, x-ray and epidurography. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection to the right lumbar L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend repeat epidural steroid injections when there is documentation of at least 50% relief for 6 to 8 weeks that is accompanied by objective functional improvement and an objective decrease in pain medications for the same duration of time. The clinical documentation submitted for review indicated the prior epidural steroid injection helped enormously. However, there was a lack of documentation of objective functional improvement, and objective decrease in pain and documentation the injection helped greater than 50% for 6 to 8 weeks. Given the above, the request for epidural steroid injection to the right lumbar L4-5 is not medically necessary.

IV infusion therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is not supported.

Needle localization by x-ray: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is not supported.

Epidurography: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is not supported.

Norco 10/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60,78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. There was however a lack of documentation of objective functional improvement and objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #100 is not medically necessary.

Flexeril 10mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional benefit. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Flexeril 10 mg #100 is not medically necessary.