

Case Number:	CM15-0036698		
Date Assigned:	03/05/2015	Date of Injury:	10/01/2007
Decision Date:	04/10/2015	UR Denial Date:	02/19/2015
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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 56 year old male, who sustained an industrial injury on October 1, 2007. The diagnoses have included lumbalgia increasing with radicular pain to the left foot and leg for six weeks, neuralgia, neuritis, radiculitis, hypertension, cephalgia secondary to peripheral neuropathy, and associated anorexia. Treatment to date has included medication. Currently, the injured worker complains of lower back pain, bilateral lower extremity and right hip pain, headaches, and bilateral feet numbness and tingling. The Treating Physician's report dated January 24, 2015, noted the injured worker with an elevated blood pressure due to pain, in moderate distress. Decreased range of motion (ROM) was noted throughout the musculoskeletal system. On February 19, 2015, Utilization Review non-certified Norco 10/325mg QTY: 90, MRI of the lumbar spine QTY: 1, Bone Scan to assess bilateral lower extremity pain, and lumbar epidural steroid injection (ESI) (CT guided) QTY: 1, noting the medical necessity for the Norco had not been established. However, due to risks of withdrawal, the request was modified to Norco 10/325mg QTY: 65, an approximate 25 percent reduction to begin the weaning process. The requests for a MRI of the lumbar spine QTY: 1, Bone Scan to assess bilateral lower extremity pain, and lumbar epidural steroid injection (ESI) (CT guided) QTY: 1, were noted to be not medically necessary, based on the available information. The MTUS Chronic Pain Medical Treatment Guidelines, the MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines, and the Official Disability Guidelines (ODG) were cited. On February 26, 2015, the injured worker submitted an application for IMR for review of Norco

10/325mg QTY: 90, MRI of the lumbar spine QTY: 1, Bone Scan to assess bilateral lower extremity pain, and lumbar epidural steroid injection (ESI) (CT guided) QTY: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2007. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 1/15 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of percocet is not substantiated in the records.

MRI (magnetic resonance imaging) of the lumbar spine, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-297, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-310.

Decision rationale: This injured worker had prior radiographic studies including x-rays and MRI. MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. In the absence of physical exam evidence of red flags, a MRI of the lumbar spine is not medically indicated. The medical necessity of a lumbar MRI is not substantiated in the records.

Bone Scan to assess BLE pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Bone Scan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate: diagnostic testing for low back pain.

Decision rationale: This injured worker has chronic back pain with an injury sustained in 2007. Radionuclide bone scans are of limited value in evaluating patients with back pain. This injured worker has had prior radiographic studies to delineate pathology. The records do not suggest a concern for cancer or other bone disease as a cause of the chronic back and extremity pain. The medical necessity of a bone scan is not substantiated in the records.

Lumbar epidural steroid injection (CT guided), QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 35.

Decision rationale: Per the guidelines, epidural spine injections are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 injections. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. Though the history does suggest radicular pathology, the physical exam does not document this and the worker does not meet the criteria, as there is not clear evidence in the records that the worker has failed conservative treatment with exercises, physical methods, NSAIDS and muscle relaxants. A lumbar epidural injection (in question here) is not medically substantiated.