

Case Number:	CM15-0050398		
Date Assigned:	04/08/2015	Date of Injury:	08/26/2005
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/17/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 55-year-old male, who sustained an industrial injury on August 26, 2005. The injured worker had reported mid and low back pain. The diagnoses have included lumbosacral degeneration of the intervertebral discs, thoracic spondylosis without myelopathy and post-laminectomy syndrome of the lumbar region. Treatment to date has included medications, radiological studies, epidural steroid injections, trigger point injections, moist heat, a home exercise program and surgery. Current documentation dated January 12, 2015 notes that the injured worker reported chronic low back, left knee and left hip pain. Physical examination of the lumbosacral spine revealed tenderness to palpation of the paraspinal muscles, spasms and decreased strength of the lower extremities. The documentation notes that the injured workers medications are keeping the injured worker functional, allowing for increased mobility, tolerance of activities of daily living and his home exercise program. The treating physician's plan of care included a request for a lumbar five-sacral one right transforaminal epidural steroid injection and the medication Norco 7.5 mg/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: This 55 year old male has complained of low back pain since date of injury 8/26/05. He has been treated with lumbar spine surgery, physical therapy, epidural steroid injections and medications. The current request is for L5-S1 transforaminal epidural steroid injection. Per the MTUS guidelines cited above epidural corticosteroid injections are recommended as an option for the treatment of radicular pain when the specific following criteria are met: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants) 3) Injections should be performed using fluoroscopy (live x-ray) for guidance 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The available medical records do not include documentation that criteria (1) above has been met. Specifically, the available provider notes do not document evidence of radiculopathy by physical examination that is corroborated by imaging studies and/or electrodiagnostic testing. On the basis of available medical documentation and per the MTUS guidelines cited above, the request for L5-S1 transforaminal epidural steroid injection is not indicated as medically necessary.

Norco 10/325mg tablets one every 4 hours as needed: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 55 year old male has complained of low back pain since date of injury 8/26/05. He has been treated with lumbar spine surgery, physical therapy, epidural steroid injections and medications to include opioids since 01/2015. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of

documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.