

<b>Case Number:</b>	CM15-0053519		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: North Carolina, Georgia  
Certification(s)/Specialty: Family Practice

### 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 44 year old female, who sustained an industrial injury on 3/19/2012. The current diagnoses are bilateral lumbar radiculopathy in L4 and L5 nerve direction and rule out lumbar spondylosis. According to the progress report dated 3/9/2015, the injured worker complains of low back pain that radiates to her bilateral lower extremities to the level of her ankles. The pain is rated 5/10 on a subjective pain scale. The current medications are Norco, Topamax, and Diclofenac. Treatment to date has included medication management, X-ray/MRI of the lumbar spine, physical therapy, and multiple epidural steroid injections. Per notes, with the epidural steroid injections, she had good relief, which lasted three to four months each time. The plan of care includes transforaminal epidural steroid injection bilateral L4-5, L5-S1 under fluoroscopic guidance, motorized cold therapy unit, Norco, and Topamax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Epidural Steroid Injection Bilateral (lumbar) L4-5, L5-S1 (sacroiliac) under fluoroscopic guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 46.

**Decision rationale:** CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections to for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. Repeat epidural blocks should be used only when a 50 % reduction in pain accompanied by reduced medication usage for 6-8 weeks. In this case, there is no imaging submitted to corroborate the diagnosis of bilateral lumbar radiculopathy . Epidural steroid injection is not medically indicated.

**Motorized Cold Therapy Unit, post injection (purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): tables 8-5, 8-8, 12-5, 12-8.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The ACOEM chapter on low back complaints does recommend ice or heat for treatment of back pain. ACOEM is clear that the home application of simple hot or cold packs by the patient is as effected as those performed by a therapist. The use of a motorized cold therapy unit is not demonstrated to be clinically superior to use of simple hot or cold packs and is not medically necessary. The original UR decision is upheld.

**Norco 10/325 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Classifications: Short-acting/Long-acting opioids Page(s): 75.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco. The request is not medically necessary.