

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0060536 | | |
| Date Assigned: | 04/06/2015 | Date of Injury: | 12/26/2007 |
| Decision Date: | 05/05/2015 | UR Denial Date: | 03/25/2015 |
| Priority: | Standard | Application Received: | 03/30/2015 |

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:

This 56 year old male sustained an industrial injury to the low back, bilateral shoulders and head on 12/26/07. Previous treatment included magnetic resonance imaging, rotator cuff repair, electromyography, epidural steroid injections, lumbar medial branch blocks, physical therapy, home exercise and medications. In an interventional pain medicine SOAP noted dated 3/4/15, the injured worker complained of pain 5/10 on the visual analog scale to the lumbar spine. The most recent magnetic resonance imaging (1/2010) showed degenerative disc disease with protrusion. Physical exam was remarkable for lumbar spine with tenderness to palpation, negative straight leg raise, intact sensation to light touch throughout and restricted range of motion. The injured worker ambulated with a non-antalgic gait and could heel and toe raise. Current diagnoses included lumbago, lumbar spine spondylosis without myelopathy and shoulder osteoarthritis. The treatment plan included epidural steroid injection at L5-S1 and prescription renewals (Norco).

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: This 56 year old male has complained of low back pain and bilateral shoulder pain since date of injury 12/26/07. He has been treated with shoulder surgery, epidural steroid injection and medications. The current request is for epidural steroid injection at L5-S1. 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. On the basis of the available medical records and per the MTUS guidelines cited above, epidural steroid injection at L5-S1 is not medically necessary.

Norco 10/325mg #120: Upheld

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

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

Decision rationale: This 56 year old male has complained of low back pain and bilateral shoulder pain since date of injury 12/26/07. He has been treated with shoulder surgery, epidural steroid injection and medications to include opioids since at least 07/2014. The current request is for Norco. 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 medically necessary.