

Case Number:	CM14-0114946		
Date Assigned:	08/22/2014	Date of Injury:	11/10/2007
Decision Date:	10/08/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 48 year-old female with date of injury 11/10/2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/02/2014, lists subjective complaints as pain in the low back with radicular symptoms to the bilateral lower extremities. Patient is status L3-S1 fusion. Objective findings: Examination of the lumbar spine revealed moderate paraspinous tenderness with muscle spasms. Range of motion was reduced in all planes. Straight leg test was positive bilaterally. Sensory examination revealed hypesthesia in the left L5 and S1 dermatome. Diagnosis, history of low back pain status post L3-S1 lumbar fusion on 09/09/2009, bilateral lower extremity radicular symptoms, cervical pain with bilateral upper extremity radicular symptoms, painful scar in the right superior buttock at the site where the spinal cord stimulator generator was implanted, then removed, psychiatric diagnosis and status post cerebrovascular accident x2. Patient underwent a caudal epidural steroid injection on 08/29/2013 without improvement. Another injection on 03/07/2013 reportedly reduced symptoms by 50% for approximately 8 weeks. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as one year. Medications: 1. Norco 10/325mg, #120 SIG: qid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Overturned

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. In his appeal letter, the requesting physician has provided good documentation that the patient has improved functioning and pain due to the chronic use of Norco. The appeal also provides documentation that the patient has not abused her medication and is in compliance with her pain agreement. I am reversing the prior utilization review decision. Norco 10/325, #120 is medically necessary.

Caudal Epidural steroid Injection under Fluoroscopy Guidance: Overturned

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 Page(s): 46.

Decision rationale: This reviewer has some reservation regarding the effectiveness of the proposed lumbar epidural steroid injection due to the numerous lumbar procedures the patient has undergone, and in particular, the spondylolisthesis of L2 over L3 due to adjacent level disease; however, the patient does meet the criteria for use of epidural steroid injections as outlined in the MTUS. In addition, LESI's were provided for by the agreed medical examiner in the future medical section of his permanent impairment report. I am reversing the prior utilization review decision. One caudal epidural steroid injection under fluoroscopy is medically necessary.

Transportation to and from the surgery center: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: California Department of Health Care Services Criteria Manual Chapter 12.1, Criteria for Medical Transportation and Related Services Non-emergency medical transportation

Decision rationale: Nonemergency medical transportation is provided when necessary to obtain program covered medical services and when the beneficiary's medical and physical condition is such that transport by ordinary means of private or public conveyance is medically contraindicated. This type of medical transportation is subject to prior authorization. Each authorization request for such transportation must be accompanied by either a prescription or

order signed by a physician, dentist, or podiatrist, which describes the medical reasons necessitating the use of nonemergency medical transportation. There is no documentation that the use of public or private transportation is medically contraindicated. In addition, a patient's transportation needs back and forth to doctor visits is not a medical issue; consequently, it is not covered and California Labor Code, section 4610. An independent medical review officer cannot speak to the issue of either to authorize or not to authorize transportation to and from a doctor's office except to determine whether public or private transportation is contraindicated. This issue would be better decided by the claims administrator.