

<b>Case Number:</b>	CM14-0118415		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	09/18/2008
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Emergency 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:

The injured worker is a 34-year-old, who sustained an injury on September 18, 2008. The mechanism of injury occurred when she was trying to remove a short from silk screening and was struck on the head, left elbow and hip. Diagnostics have included: October 25, 2012 lumbar MRI reported as showing L4-5/L5-S1 disc dessications with disc protrusions and annular tear with bilateral facet arthropathy and narrowing of the theca sac and spinal canal. October 25, 2012 EMG/NCV reported as showing possible bilateral perineal neuropathy. Treatments have included: medications, chiropractic, acupuncture. The current diagnoses are: lumbar disc displacement, lumbar radiculopathy, low back pain. The stated purpose of the request for Tramadol HCL 50 MG #60 was to provide pain relief. The request for Tramadol HCL 50 MG #60 was denied on July 14, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Left L4-L5 and L5-S1 TFESI was to provide pain relief. The request for Left L4-L5 and L5-S1 TFESI was denied on July 14, 2014, citing a lack of documentation of failed physical therapy trials, and insufficient corroboration of physical exam findings with EMG or MRI as suggestive of nerve impingement. Per the report dated June 9, 2014, the treating physician noted complaints of low back pain with radiation to the left buttock and left leg as well as numbness and tingling to the left leg. Exam findings included paralumbar tenderness, spasm with painful, restricted lumbar range of motion, straight leg raising tests at 50 degrees on the left and 80 degrees on the right, weakness to the right EHL and peroneus longus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50 mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain, Tramadol Page(s): 78-80, 80-82, 113.

**Decision rationale:** CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain with radiation to the left buttock and left leg as well as numbness and tingling to the left leg. The treating physician has documented paralumbar tenderness, spasm with painful, restricted lumbar range of motion, straight leg raising tests at 50 degrees on the left and 80 degrees on the right, weakness to the right EHL and peroneus longus. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol HCL 50 mg, sixty count, is not medically necessary or appropriate.

**Left L4-L5 and L5-S1 transforaminal epidural steroid injection (TFESI):** Upheld

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

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

**Decision rationale:** California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials. The injured worker has low back pain and leg pain. The injured worker has low back pain with radiation to the left buttock and left leg as well as numbness and tingling to the left leg. The treating physician has documented paralumbar tenderness, spasm with painful, restricted lumbar range of motion, straight leg raising tests at 50 degrees on the left and 80 degrees on the right, weakness to the right EHL and peroneus longus. The treating physician has documented radicular pain, positive straight leg raising tests on exam and disc disease on MRI and evidence of possible peroneal neuropathy on electrodiagnostic studies. However, there is no documentation of dermatomal sensory loss or muscle weakness on exam, evidence of nerve root impingement on MRI nor evidence of lumbar radiculopathy on electrodiagnostic testing. The

criteria noted above not having been met, Left L4-L5 and L5-S1 TFESI is not medically necessary or appropriate.