

<b>Case Number:</b>	CM14-0120469		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	08/08/2011
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Anesthesiology, has a subspecialty in Pain 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:

55y/o female injured worker with date of injury 8/8/11 with related back pain and leg radiculopathy. Per progress report dated 6/24/14, the injured worker rated her pain 4-7/10 in intensity. She stated that her pain had significantly improved since the injection. On average over the last 7 days she rated her pain 6/10 without medications and 4/10 with. Per physical exam, there was tenderness to palpation over the anterior and posterior aspects of the shoulder. Hawkin's, Yergason's and drop arm test were all positive. Deep tendon reflexes were symmetrical at 1+4 in the bilateral upper and lower extremities. MRI of the lumbar spine dated 4/11/13 revealed disc protrusion from L3-L4 through L5-S1, bilateral neural foraminal stenosis at L4-L5 and L5-S1 encroaching L4 and L5 neural roots, grade 1 anterolisthesis at L4-L5 and L5-S1. Treatment to date has included physical therapy, chiropractic manipulation, TENS, injections, and medication management. The date of UR decision was 7/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Selective Epidural Steroid Injection- Right at L4, L5: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, Page(s): page(s) 46.

**Decision rationale:** Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 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. Per progress report dated 6/24/14, the injured worker underwent 12 sessions of chiropractic treatment which provided moderate relief. She also had TENS at the chiropractic office which also provided moderate relief. She has undergone bilateral TFESI at L4 and L5 neural levels with 85-90% relief. I respectfully disagree with the UR physician's assertion that simply because she was not yet refractory to conservative treatment, the injured worker should be prohibited from receiving ESI. The request is medically necessary.

**Tramadol 50mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids, Page(s): , page(s) 78, 91.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4s' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."Review of the available medical records reveals no documentation to support the medical necessity of tramadol or any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. It was noted that the use of this medication reduced the injured worker's pain level from 6/10 to 4/10. However, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers

this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The most recent UDS noted in the documentation was dated 5/2013, which was consistent with prescribed medications. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore the request is not medically necessary.