

Case Number:	CM14-0121081		
Date Assigned:	09/16/2014	Date of Injury:	09/07/2005
Decision Date:	10/15/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	07/31/2014

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:

This 55 year old patient had a date of injury on 9/7/2005. The mechanism of injury was the patient landed on his left side after he rolled a service truck. In a progress noted dated 7/14/2014, the patient complains of pain in low back radiating to left buttocks and down the left leg to the foot. He is unable to bend forward as this causes shooting like sensation down his left leg. Pain is getting worse, and sleep pattern is getting worse. On a physical exam dated 7/14/2014, the patient is on Dilaudid, Percocet, and MS contin. The neurological exam showed decreased pin sensation at L4, L5, and S1, and mild weakness with foot inversion at L4, L5. The diagnostic impression shows chronic pain syndrome, lumbosacral spondylosis without myelopathy, depressive disorder. MRI of lumbar spine on 6/10/2014 revealed L4-5 disc osteophytosis with left lateral/foraminal stenosis. Treatment to date: medication therapy, behavioral modification, radiofrequency lesioning of the medial branches of the posterior ramus, chiropractic treatment, physical therapy. A UR decision dated 7/28/2014 denied the request for Epidural steroid injection under fluoroscopic guidance L5-S1, stating that the patient's radicular symptoms are corroborated on MRI at the L4-L5 on the left but not at the L5-S1 level. Norco 10/325 #30x3 was denied, stating that a UDS on 3/13/2014 demonstrated positive results for illicit drug use (THC).

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection under Fluoroscopic guidance L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections.

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

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In a progress report dated 7/14/2014, the MRI performed on 6/10/2014 showed focal disc and osteophyte complex encroaching on the left lateral recess and left L4-5 neural foramina. However, the MRI does not corroborate the radicular symptoms present at L5-S1. Therefore, the request for a Transforaminal Epidural Steroid Injection under fluoroscopic guidance at L5-S1 was not medically necessary.

Norco 10/325mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the 7/14/2014 progress report, there was no documented functional improvement noted with opioid regimen. The patient's symptoms have not improved, as he mentions that his functionality and sleep pattern is worse. Therefore, the request for Norco 10/325 #30 x3 is not medically necessary.