

<b>Case Number:</b>	CM14-0130929		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	07/09/2002
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Physical Medicine and Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 70 year old female who reported an injury on 07/09/2002. The mechanism of injury was not provided. The injured worker was diagnosed with chronic low back pain, chronic thoracic back pain, history of 3 lumbar spine surgeries, including fusion surgery, history of spinal cord stimulator implant, and lumbar radiculopathy at levels below fusion. The injured worker was treated with medications and surgery. The injured worker had unofficial MRI of the lumbar spine on 04/03/2006, an unofficial CT discogram on 03/06/2008, and an official MRI of the lumbar spine on 04/02/2009 which indicated L3-L5 posterior decompression, anterolisthesis of L4 on L5 with residual disc material minimally bulging, retrolisthesis of L2 on L3 and L5-S1 neural foramina obscured by hardware. The injured worker had 3 lumbar spine surgeries including fusion surgery and spinal cord stimulator implant on unknown dates. On the progress report dated 07/24/2014 it was noted that the injured worker complained of low back pain rating 8-9/10 with bilateral leg pain and upper back spasms. The injured worker had diffuse lumbosacral tenderness to palpitation and a positive straight leg raise in the lower extremities. Upon assessment of the injured worker's range of motion it was noted the injured worker was unable to extend beyond neutral. The physician indicated the injured worker had a lumbar epidural steroid injection years prior which provided 70% pain reduction for more than 4-5 months. The physician indicated the injured worker was able to walk longer, use her walker less, sit more comfortably and for a longer period of time, improve her sleep, and she was able to perform more gardening throughout the day, in addition to reducing consumption of pain medications. The injured worker was prescribed soma 350mg four times a day as needed, gabapentin 800mg four times a day, and pepcid dose and frequency unknown. The treatment plan was for bilateral L2-3, L5-S1 transforaminal epidural steroid injection. The physician recommended an epidural steroid injection as the injured worker had 70 percent reduction in pain

for more than 4-5 months with the last epidural steroid injection several years prior. The request for authorization was submitted on 07/22/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Bilateral L2-3, L5-S1 Transforaminal Epidural Steroid Injection: Upheld**

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

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

**Decision rationale:** The request for bilateral L2-3, L5-S1 transforaminal epidural steroid injection is not medically necessary. The injured worker complained of low back pain rated 8-9/10 with bilateral leg pain spasms. The injured worker had diffuse lumbosacral tenderness to palpitation and a positive straight leg raise in the lower extremities. The California MTUS guidelines recommended epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Documentation of the injured worker being initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy for guidance. No more than two nerve root levels should be injected using transforaminal blocks. In the therapeutic phase, repeat blocks should be based on continued objective documented pain relief 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. The physician indicated the injured worker had a lumbar epidural steroid injection years prior which provided 70% pain reduction for more than 4-5 months. The physician indicated the injured worker was able to walk longer, use her walker less, sit more comfortably and for a longer period of time, improve her sleep, and she was able to perform more gardening throughout the day, in addition to reducing consumption of pain medications. However, the documentation did not indicate the level at which the injection was performed. As such, the request for bilateral L2-3, L5-S1 transforaminal epidural steroid injection is not medically necessary.

#### **MS Contin 15mg # 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management Page(s): 78.

**Decision rationale:** The request for MS Contin 15mg # 60 is not medically necessary. The injured worker complains of low back pain rated 8-9/10 with bilateral leg pain and spasms. The injured worker has diffuse lumbosacral tenderness to palpitation and a positive straight leg raise

in the lower extremities. The California MTUS guidelines recommend an ongoing review of medications with the documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also recommend the medications be no more than 120 mg morphine equivalence per day. The injured worker's medical records indicate medication provides 50% relief from pain. The injured worker indicated she was out of medications and rated her pain at 8-9/10. The documentation included a urine drug screen which was performed on 06/06/2014 that was consistent with the injured worker's prescribed drug regimen. The injured worker was prescribed Norco 10/325mg every 6 hours as needed for pain on 06/06/2014. The injured worker denied side effects related to medications. The injured worker's medical records lack documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. Also, the request does not indicate the frequency of the medication. As such, the request for MS Contin 15mg # 60 is not medically necessary.