

<b>Case Number:</b>	CM14-0142916		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/27/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 53-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 27, 2010. In a Utilization Review Report dated August 27, 2014, the claims administrator failed to approve a request for epidural steroid injection therapy, oxycodone, Norco, a follow-up visit, and a weight loss program. The claims administrator referenced an RFA form received on August 18, 2014 and a progress note of July 22, 2014 in its determination. The applicant's attorney subsequently appealed. In a January 9, 2015 RFA form, epidural steroid injection therapy, oxycodone, Norco, and a second opinion spine surgery consultation were endorsed. In an associated progress note dated December 16, 2014, the applicant reported persistent complaints of low back pain radiating to the right leg. The applicant had received five previous epidural steroid injections since 2011, it was acknowledged. The applicant was still oxycodone and Norco for pain relief. The attending provider stated that a weight loss program had been beneficial, in one section of the note, but did not elaborate how much weight the applicant had or had not lost. The applicant reported 8/10 pain complaints with ancillary complaints of depression, anxiety, and sleep disturbance. An epidural steroid injection therapy, a second opinion spine surgery consultation, oxycodone, Norco, and home-based weight reduction program were endorsed. The applicant stood 5 feet 11 inches tall and weighed 310 pounds. Psychological counseling was continued. The applicant's work status was not outlined. In a work status report dated December 1, 2014, however, the applicant was placed off of work, on total temporary disability.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Bilateral L5 transforaminal epidural:** Upheld

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

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

**Decision rationale:** The request for an epidural steroid injection was not medically necessary, medically appropriate, or indicated here. The request in question does represent a request for a repeat epidural steroid injection as the applicant has had at least five previous epidural steroid injections since 2011 alone. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was placed off of work, on total temporary disability, as of the date of the request. The applicant remained dependent on multiple opioid agents, including oxycodone and Norco. The applicant reported difficulty performing activities of daily living as basic as standing and walking, despite receipt of five prior epidural steroid injections. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of the same. Therefore, the request was not medically necessary.

### **Oxycodone 10mg, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for oxycodone, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability as of the date of the request. 8/10 pain complaints were reported, despite ongoing oxycodone consumption. The applicant continued to report difficulty performing activities of daily living as basic as standing and walking. The attending provider failed to outline any meaningful or material improvements in function (if any) effected as a result of ongoing opioid therapy. Therefore, the request was not medically necessary.

### **Norco 10/325mg, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request. The applicant continued to report pain complaints as high as 8/10, despite ongoing opioid usage. The applicant continues to report difficulty performing activities of daily living as basic as standing and walking, despite ongoing Norco usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

**A follow-up appointment with a spine surgeon:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

**Decision rationale:** Conversely, the request for a follow-up visit with a spine surgeon was medically necessary, medically appropriate, and indicated here. As noted in MTUS Guidelines in ACOEM Chapter 12, page 306, if surgery is a consideration, counseling regarding likely outcomes, risks and benefits and, especially, expectations is very important. Here, the treating provider did seemingly suggest that the applicant's low back pain complaints have proven recalcitrant to non-operative treatment, including time, medications, physical therapy, injection therapy, etc. Obtaining the added expertise of a spine surgeon to determine the applicant's suitability for operative intervention was, thus, indicated. Therefore, the request was medically necessary.

**Continue home-based weight reduction program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearing House.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

**Decision rationale:** Finally, the request for continuation of a home-based weight reduction program was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 1, page 11, strategy based on modification of applicant-

specific risk factor such as the weight loss program in question may be less certain, more difficult, and possibly less cost effective. Here, the attending provider did not state precisely what the weight loss program in question represented. Frequency and duration of treatment were not specified. The applicant's response to previous usage of the weight loss program was not clearly detailed. The attending provider stated that the applicant weighed 310 pounds on office visits of October 16, 2014, December 16, 2014 and November 18, 2014, suggesting that previous attempts to lose weight through the program in question were, in fact, unsuccessful. Therefore, the request was not medically necessary.