MAXIMUS Federal Services

| Case Number: | CM14-0212207 | | |
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| Date Assigned: | 01/02/2015 | Date of Injury: | 09/26/2013 |
| Decision Date: | 02/19/2015 | UR Denial Date: | 11/20/2014 |
| Priority: | Standard | Application Received: | 12/18/2014 |

## 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: California
Certification(s)/Specialty: Emergency 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:

Patient with reported date of injury on 9/26/2013. Mechanism of injury is from lifting a bag. Patient has a diagnosis of lumbar disc displacement, cervical sprain, lumbar spondylosis, lumbosacral radiculitis and sacroiliac pain.Medical reports reviewed. Last report available until 11/20/14. Patient complains of low back pain. Pain radiates to lower extremities. Pain is 8/10. Has reportedly undergone physical therapy. Currently working on modified duty. Objective exam reveals tenderness to lumbar spine with muscle spasms over L2-L5. R sacroiliac joint tenderness. Straight leg positive on R side. SI stress test is also positive. Fabre and Gaenslen reportedly also positive on R side. Range of motion is limited. Decreased L4-L5 dermatomes on R side. Strength is normal. A pain management specialist was requested for lumbar epidural steroid injection.Patient reportedly missed an appointment with pain specialist due to "Transportation issue".2 view X-ray of lumbar spine were done in office with no rationale for films documented.Norco and medrol dosepak were requested for pain. There was an MRI of the lumbar spine dated 12/15/13 done which reportedly showed abnormalities. Progress note states that it shows L2-3 facet arthropathy, L3-4, L3-4 and L5-S1 with 2-3mm disc bulge with mild bilateral neuroforaminal narrowing. However, no official report was provided for review.No medication list was provided or documented on record.Independent Medical Review is for "Consultation with pain management specialist", "Transportation to and from doctor's offices and procedure", "2 radiographs of lumbar spine", Norco 5/325mg #unknown and Medrol dosepak.Prior Utilization Review on 11/20/14 recommended non-certification. It approved norco but modified the prescription to #60tablets.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a pain management specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

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

**Decision rationale:** Since consultation for pain specialist is for epidural steroid injection, this review will determine medical necessity based on the necessity of lumbar epidural steroid injection. As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may recommend if it meets the following criteria: Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for lumbar ESI, a long term plan or failed criteria, such as unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. The patient has only been noted to have undergone physical therapy. There is no noted home exercise program and no other conservative measures including a 1st line medications for radicular pain. As such, this request is not medically necessary.

**Transportation to and from the doctor's offices and procedures:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services - California website, Criteria for Medical Transportation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ttp://www.dhcs.ca.gov/services/medi-cal/Documents/ManCriteria_32_MedTrans.htm

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per California Department of Health Care Services manual, the patient does not meet the criteria for nonemergency medical transportation. The patient does not have any medical condition that would prohibit the use of private or public transportation. The documentation provided does not support medical need for transportation; therefore, this request is not medically necessary.

**Two radiographs of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 309.

**Decision rationale:** As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. The patient does not meet any of these criteria. There are no documented red flag findings in complaints or exam or noted new neurologic dysfunction. In addition, the patient has had an MRI already and there is no documentation provided noting the reason for an X-rays of lumbar spine is needed. Therefore, this request is not medically necessary.

**Norco 5/325mg 1 PO BID prn pain:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. While there is no medication list provided, it is noted that patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. In addition, there is no documentation of any benefit; therefore, this request for Norco is not medically necessary.

**Medrol dosepak:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Complaints - Thoracic or Lumbar, Corticosteroids

**Decision rationale:** MTUS Chronic pain or ACOEM Guidelines do not adequately address this issue. As per Official Disability Guidelines (ODG), corticosteroids may be used under the following certain criteria: Patients should have clear-cut signs of radiculopathy; risk of steroid should be discussed and documented; minimal benefit of steroids should be discussed and documented; and/or use during acute phase. Based on the Guidelines and the medical records reviewed, this request is not medically necessary.