

<b>Case Number:</b>	CM14-0216633		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	01/22/1998
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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: Physical Medicine & Rehabilitation

### 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 57-year-old male who reported an injury on 01/22/1998. The mechanism of injury was not provided. On 11/19/2014, the injured worker presented with complaints of aggravation to the right low back and right lower extremity with a radicular pain. Medications included Norco, Celebrex, Neurontin, and Flector patches. Diagnoses were right L5-S1 radiculopathy, lumbar focal disc protrusion, moderate bilateral L5 neural foraminal stenosis, lumbar degenerative disc disease, and lumbar sprain/strain. Examination of the lumbar spine revealed restricted range of motion due to pain in all directions. Lumbar discogenic provocative maneuvers were mildly positive. There was a negative nerve root tension sign. Muscle stretch reflexes were symmetric bilaterally in all limbs. There was 5/5 strength in all limbs, except the right tibialis anterior, where the strength was 4+/5. The provider recommended a fluoroscopically guided L5-S1 TESI with S1 SNRB to treat aggravated right low back pain and right lumbar radiculopathy. He stated that the previous L5-S1 transforaminal epidural steroid injection provided 50% relief for 7 months. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopically-Guided L5-S1 TESI with S1 SNRB:** Upheld

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

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

**Decision rationale:** The request for Fluoroscopically-Guided L5-S1 TESI with S1 SNRB is not medically necessary. According to California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical exam and corroborated by imaging and/or electrodiagnostic testing. The guidelines recommend repeat blocks if there is evidence of greater than 50% relief of pain for up to 6 weeks with correlation of decreased medication use. Documentation submitted for review noted that the patient had previous epidural steroid injection with 70% relief of pain lasting 7 months. However, there was no evidence of a correlation of decreased medications. Additionally, there is no information on if the patient would be participating in an active treatment program following the requested injection. As such, medical necessity has not been established.

**Norco 10/325 #75 with 2 refills:** Upheld

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

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

**Decision rationale:** The request for Norco 10/325 #60 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The frequency of the medication was not provided in the request as submitted. As such, the request is non-certified.