

<b>Case Number:</b>	CM14-0218728		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	01/07/2002
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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, Arizona

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 59 y/o female who reported injury on January 7, 2002. Mechanism of injury was not submitted for review. Diagnoses have included a neck sprain/strain, multilevel spinal disc protrusions, DD, an annular tear of the cervical spine, a lumbar spine sprain/strain, and bilateral shoulder sprain/strain. Past medical treatment consist of epidural steroid injections and medication therapy. Medications include Ultram 50mg. On 10/15/2014, the injured worker underwent a urine drug screen which revealed that the injured worker was compliant with prescriptions. As of an evaluation on November 21, 2014, the treating physician noted continued pain of the lower back. Physical examination of the lumbar spine revealed tenderness to palpation over the paravertebral musculature, lumbosacral junction, and left greater than right sciatic notch. Straight leg raise testing was positive and elicited numbness and tingling to the bilateral lower extremities, left side greater than right. Range of motion of the lumbar spine revealed a flexion of 40 degrees, extension of 20 degrees, right side bending of 15 degrees, and left side bending of 50 degrees. Pain was increased upon ranging. Sensation to pinprick and light touch in the bilateral lower extremities was decreased along the L5-S1 nerve roots, left side greater than right. The injured worker had received epidural injections of the lower back on September 16, 2014, with a 50% reduction of symptoms noted for two to three weeks following the treatment. The physician recommended continued home exercise, a second set of steroid injections, and a refill of the pain medications the injured worker was taking. A rationale and Request for Authorization form were not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Second Bilateral L5-S1 and sacroiliac joint transforaminal epidural steroid injection:**  
Upheld

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

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

**Decision rationale:** The request for second bilateral L5-S1 and sacroiliac joint transforaminal epidural steroid injection is not medically necessary. The California MTUS Guidelines recommend for an epidural steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the pain must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. The guidelines also state for repeat epidural steroid injections, there must be objective documented pain relief and functional improvement, including at least 50% of pain relief with associated reduction in medications used for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. It was indicated in the submitted documentation that the injured worker had 50% pain reduction with the epidural, which was received on 09/16/2014 for 2 to 3 weeks. The California MTUS Guidelines recommend a pain reduction for at least 6 to 8 weeks for repeats. Given the above, a second bilateral L5-S1 and sacroiliac joint transforaminal epidural steroid injection would not be indicated. There were no other significant factors to justify the use outside of current guidelines. As such, the request is not medically necessary.

**Ultram 50mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 82, 93, 94, 113, 78.

**Decision rationale:** The request for Ultram 50mg #120 is not medically necessary. The California MTUS Guidelines state that central analgesic drugs, such as Ultram, are reported to be effective in managing neuropathic pain, and it is not recommended as a first line oral analgesic. California MTUS Guidelines recommend that there should be documentation of the 4 A's for ongoing monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Progress note dated 11/21/2014 indicated that the injured worker had lumbar spine pain. There was also submitted documentation of a urine drug screen obtained on 10/15/2014 indicating that the injured worker was compliant with prescription medications.

However, the submitted documentation did not indicate a proper assessment indicating what pain levels were before, during, and after medication administration. Additionally, there was no indication of an increase in activities of daily living or a decrease in medications. Furthermore, the MTUS Guidelines state that Ultram is not recommended as a first line oral analgesic. There was no indication of the injured worker having trialed and failed any first line analgesics. Furthermore, the request as submitted did not indicate a frequency for the medication. Given the above, the injured worker is not within the MTUS recommended guideline criteria. As such, the request is not medically necessary.