

<b>Case Number:</b>	CM15-0001261		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	10/23/2010
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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 62 year old female, who sustained an industrial injury on October 23, 2010. The details of the injury and immediate symptoms were not documented in the reviewed medical record. She has reported lower back pain, leg pain, and neck pain. The diagnoses have included neck pain, chronic pain not otherwise specified, cervical spondylosis, post laminectomy syndrome, sciatica, and disorder of the sacrum. Treatment to date has included lower back surgery, lumbar spine epidural injection, and medications. Currently, the injured worker complains of continued lower back and neck pain. The treating physician requested lumbar epidural steroid injections, each additional level, fluoroscopic guidance, lumbar epidurogram, and prescriptions for Flexeril, Ambien, and Norco. On December 22, 2014 Utilization Review certified the request for the prescription for Norco. The Utilization Review non-certified the requests for lumbar epidural steroid injections, each additional level, fluoroscopic guidance, lumbar epidurogram, and prescriptions for Flexeril and Ambien noting the lack of documentation to support the medical necessity of the services. The MTUS Chronic Pain Treatment Guidelines and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Each additional level:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Lumbar Epidurogram: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Fluoroscopic Guidance, IV sedation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014 Pain Chapter, Epidural Steroid Injection.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Sedation.

**Decision rationale:** The California MTUS Guidelines recommend fluoroscopic guidance for epidural steroid injections. They do not, however, address IV sedation. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that sedation is recommended for injured workers who have extreme anxiety. The rationale was not provided for the use of IV sedation. Additionally, the epidural steroid injection was found to be not medically necessary and as such, this request would not be medically necessary. Given the above, the request for fluoroscopic guidance, IV sedation is not medically necessary.

**Ambien 10mg tablet; Sig 1 tab at night for insomnia #30: 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), Treatment Index, 11th Edition (web), 2014, Pain Chapter, Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Zolpidem.

**Decision rationale:** The Official Disability Guidelines indicate Zolpidem (Ambien) is appropriate for the short term treatment of insomnia, 7 to 10 days. The clinical documentation submitted for review indicated this was 1 of the current medications for the injured worker, which would exceed the guidelines' recommendations for treatment of up to 7 days. The efficacy was not provided. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Ambien 10 mg 1; sig 1 tab at night for insomnia #30 is not medically necessary.

**Flexeril 5mg tablet; Sig; 1 tab daily as needed for spasms #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 43.

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, less than 3 weeks, and there should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional benefit and exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Flexeril 5mg tablet; Sig; 1 tab daily as needed for spasms #30 is not medically necessary.

**Lumbar epidural steroid injection x3: 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 Injection Page(s): 46.

**Decision rationale:** The California MTUS Guidelines recommend repeat epidural steroid injections when there is documentation of greater than or equal to 50% pain relief for up to 6 to 8 weeks and documentation of objective functional improvement and documentation of an objective decrease in medications for the same duration of time. The clinical documentation submitted for review indicated the injured worker was able to straighten her low back when rising from a sitting position and had improved mobility for approximately 2 months. However, there was a lack of documentation indicating the injured worker's pain relief was greater than or equal to 50%. There was a lack of documentation indicating the objective functional benefit and an objective decrease in pain medications for the same duration of time. The request as submitted failed to indicate the laterality and level for the request. Given the above, the request for lumbar epidural steroid injection x3 is not medically necessary.