

Case Number:	CM15-0010148		
Date Assigned:	01/27/2015	Date of Injury:	07/08/2014
Decision Date:	05/26/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/16/2015

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

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:

The injured worker is a 57-year-old female who sustained an industrial injury on July 8, 2014. She has reported injury to the back and has been diagnosed with lumbosacral sprain with radicular symptoms and symptoms of neurogenic claudication, cervical sprain, and bilateral knee sprain. Treatment has included pain medications and physical therapy. Currently the injured worker complained of ongoing low back pain that radiated to both legs. Documentation states that patient only takes Norco at night to help with sleep. Objective exam documentation notes tenderness to palpation and limited range of motion. There is no noted neurological deficits. No weakness or sensory changes are documented. Patient has negative straight leg raise documented. Progress note dated 3/4/15 addresses UR denial. It states that patient has had extensive physical therapy and MRI findings consistent with "radicular pain" but the provider also notes that facet pain is more likely cause of pain. Progress note merely states that Tramadol was discontinued as it was not effective and Norco is "effective." MRI of lumbar spine dated 10/28/14 revealed L4-5 disc bulge and L5-S1 retrolisthesis with broad based endplate osteophyte bulge contacting thecal sac. The treatment request included a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid at the Right L4-L5 Level: Upheld

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

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

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Patient does not even meet basic radicular criteria of LESI. There is no objective documentation or exam consistent with radicular pain in low back exam. There is documentation of pain with radiation but there is no sensory exam and no motor exam consistent with radiculopathy. There is no corroborating EMG/NCV reports provided to support diagnosis of radiculopathy. 2) 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 LESI except for pain management. There is no long term plan. Fails criteria. 3) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. Patient has had extensive physical therapy but there is no noted medications being prescribed for neuropathic pain. Fails criteria. Epidural steroid injection is not medically necessary.

Medications - Hydrocodone/APAP #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on Tramadol, which is considered to be an opioid-like pain medication and was switched to Norco. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails all criteria. Provider has failed to document any objective improvement in pain. The provider has just documented subjective claims of "effective." There is no documentation of any objective improvement in function. There is no documented monitoring of abuse or side effects. The documentation fails to support prescription for Norco. Norco is not medically necessary.