

<b>Case Number:</b>	CM15-0179654		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	01/30/2015
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 32 year old female injured worker suffered an industrial injury on 1-30-2015. The diagnoses included spasms of the muscle, displacement of the lumbar intervertebral disc without myelopathy, lumbar spinal stenosis and lumbago. On 6-25-2015 the consultant provider reported pain as 9 out of 10. On exam there was tenderness to the back with altered gait and limited range of motion of the cervical spine. The consultant recommended lumbosacral transforaminal epidural injections. On 7-27-2015 the treating provider reported that "her pain was not doing well". On exam she had difficulty moving around the exam room "with positive straight leg raise. The cervical spine had tenderness and reduced range of motion. Prior treatments included physical therapy, chiropractic therapy, Ambien and Tramadol. The diagnostics included electromyography studies 5-13-2015, lumbar magnetic resonance imaging 3-3-2015 and consistent urine drug screen 6-29-2015. The Utilization Review on 8-11-2015 determined non-certification for Tramadol 200mg ER #30 Qty: 30.00 and Lumbar ESI Qty: 1.00.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 200mg ER #30 Qty: 30.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment, Opioids, criteria for use.

**Decision rationale:** The claimant sustained a work injury in January 2015 while, working as a bus driver, she was involved in a motor vehicle accident. She was seen on 06/25/15 for a pain management evaluation. She had pain rated at 9-10/10. Prior treatments had included physical therapy, medications, and chiropractic care. Physical examination findings included an antalgic gait. Her BMI was over 42. There were no documented neurological deficits. There was lumbar paraspinal tenderness. An MRI of the lumbar spine in March 2015 had included findings of multilevel central disc herniations. Electrodiagnostic testing in May 2015 had shown findings of bilateral lumbar radiculopathy at L5/S1. Authorization for a lumbar epidural steroid injection procedure was requested. In June 2015, extended release tramadol was prescribed by the primary treating provider. In follow-up on 07/27/15 she was continuing to struggle with pain and was not doing well. Her physical examination was unchanged. She was in mild to moderate distress. There was equivocal straight leg raising without lower extremity motor dysfunction. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, this medication had been prescribed for more than one month and there was no documentation that it was providing decreased pain through documentation of VAS pain scores or specific examples of how this medication was resulting in an increased level of function or improved quality of life. Continued prescribing is not medically necessary.

**Lumbar ESI Qty: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter - Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The claimant sustained a work injury in January 2015 while, working as a bus driver, she was involved in a motor vehicle accident. She was seen on 06/25/15 for a pain management evaluation. She had pain rated at 9-10/10. Prior treatments had included physical therapy, medications, and chiropractic care. Physical examination findings included an antalgic gait. Her BMI was over 42. There were no documented neurological deficits. There was lumbar paraspinal tenderness. An MRI of the lumbar spine in March 2015 had included findings of multilevel central disc herniations. Electrodiagnostic testing in May 2015 had shown findings of bilateral lumbar radiculopathy at L5/S1. Authorization for a lumbar epidural steroid injection procedure was requested. In June 2015, extended release tramadol was prescribed by the primary treating provider. In follow-up on 07/27/15 she was continuing to struggle with pain and was not

doing well. Her physical examination was unchanged. She was in mild to moderate distress. There was equivocal straight leg raising without lower extremity motor dysfunction. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex responses that support a diagnosis of radiculopathy. The requested epidural steroid injection is not medically necessary.