

<b>Case Number:</b>	CM15-0037497		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	02/15/1996
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: 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 65 year old male, who sustained an industrial injury on 2/15/1996. He has reported back pain. The diagnoses have included low back pain, lumbar degenerative disc disease, spinal stenosis, and chronic pain syndrome and myofascial pain. Treatment to date has included medication therapy, chiropractic therapy, physical therapy, and home exercise. Currently, the IW complains of low back pain rated 8/10 VAS without medication and 4/10 with medication. The physical examination from 1/28/15 documented the last Magnetic Resonance Imaging (MRI) 10/18/11 revealed central disc protrusion at multiple levels. There was tenderness and spasms over the paraspinal muscles with increased pain with extension and positive straight leg raise with right lower extremity. The plan of care included an interlaminar lumbar epidural steroid injection L5-S1. On 2/27/2015, the injured worker submitted an application for IMR for review of injection foramen epidural Lumbar spine and Norco tablets.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection under fluoroscopic guidance with conscious sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** This patient has a date of injury of 02/15/06 and presents with low back pain and right leg pain. The current request is for EPIDURAL STERIOD INJECTION UNDER FLUOROSCOPIC GUIDANCE WITH CONSCIOUS SEDATION. The Request for Authorization is dated 01/08/15 and request Lumbar epidural injection to level L5-S1. The MTUS Guidelines on page 46 supports the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. Examination revealed tenderness and muscle spasms over the paraspinal muscles and positive straight leg raise on the right. MRI of the lumbar spine from 10/18/11 showed posterior central disc protrusion and slight posterior element hypertrophy at L4-5 with mild narrowing of the central canal. At the L5-S1 level there was mildly effaced thecal sac. In this case, the current request does not specify what level requires ESI. There are complaints of some radiating pain and a positive straight leg raise test, but MRI results do not correlate radiculopathy at the L5-S1 level. MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This request IS NOT medically necessary.

**Norco 10/325mg #150 with no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain and Criteria for use of opioids Page(s): (s) 60-61, 76-78 and 88-90.

**Decision rationale:** Based on the 01/28/15 progress report provided by treating physician, the patient presents with low back and right leg pain rated 3-4/10 with and 7-8/10 without medications. The request is for Norco 10/325mg #150 with no refills. Patient's diagnosis per Request for Authorization form dated 02/02/02 includes low back pain. Diagnosis on 01/28/15 included lumbar degenerative disc disease, spinal stenosis of lumbar region, chronic pain syndrome, and lumbar spondylosis. Treatment to date has included imaging studies, chiropractic, physical therapy, home exercise, and medications. Patient medications include Norco and Cyclobenzaprine. The patient is not working, per 01/28/15 treater report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS page 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications, per treater reports dated 06/12/14, 10/09/14, and 01/28/15. Per 01/28/15 progress report, treater states "medications are helpful and well tolerated. Opiate agreement signed. CURES report was reviewed, no red flags

noted. Urine toxicology screening was done today to see if he is taking his opiate medication appropriately, and not taking any illicit substances." Urine drug screen results have not been discussed. In this case, treater provides general statements and has not discussed how Norco reduces pain and significantly improves patient's activities of daily living. MTUS states that "function should include social, physical, psychological, daily and work activities." Analgesia has been addressed with pain scales, but no validated instruments were provided. There are no specific discussions regarding aberrant behavior, ADL's, etc. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.