MAXIMUS Federal Services

Case Number:	CM15-0041965		
Date Assigned:	05/06/2015	Date of Injury:	02/12/2002
Decision Date:	06/04/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/05/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 72 year old male, who sustained an industrial injury on 2/12/2002. He reported neck and low back pain after slipping and falling on ice. The injured worker was diagnosed as having post-laminectomy syndrome cervical region, cervicalgia, lumbar radiculopathy, peripheral neuropathy, and chronic pain syndrome. Treatment to date has included medications, intrathecal pain pump, and magnetic resonance imaging. The request is for caudal epidural steroid injection under fluoroscopy with monitored sedation, and Norco. On 12/5/2014, he complained of bilateral arm, bilateral leg, neck, left buttock, thoracic spine, bilateral hand, right knee abdomen, bilateral low back, and bilateral ankles/feet pain. He indicated no change in pain control since his last visit. He rated his pain as 7/10, average 6/10, and worst 10/10. The treatment plan included: Norco, and physical therapy. The records indicated he reverted back to Norco from Opana due to side effects. He is noted to have a positive straight leg raise test on the right and left at about 60 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid Injection under Fluoroscopy with Monitored Sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 46.

Decision rationale: CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections to for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. Repeat epidural blocks should be used only when a 50 % reduction in pain accompanied by reduced medication usage for 6-8 weeks. In this case, prior injection provided only 2-3 weeks of relief. Epidural steroid injection is not medically necessary.

Norco 10/325 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case indicates that pain is increasing despite use of Norco. Weaning has previously been advised and the original UR decision allowed a reduced number of pills to allow for weaning. Therefore, the request is not medically necessary.