

Case Number:	CM15-0048655		
Date Assigned:	03/20/2015	Date of Injury:	07/22/2014
Decision Date:	05/13/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/16/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 35-year-old female patient, who sustained an industrial injury on 07/22/2014. A primary treating office visit dated 02/09/2015, reported subjective complaint of pain in low back that radiates to bilateral hips, buttocks and down the left leg. She reports that the right sided injections have given some relief to that side. She has had a new onset episodes of urinary incontinence, sensation of hot to touch (low back), left foot feeling cold and numb, left leg pain and weakness. Her chief complaint is lumbar radiculopathy. The pain is described as sharp pressure, burning, stinging and weak. Current active medications are: Naprosyn, Norco 5/325mg, Flexeril and Ibuprophen. Physical examination found lumbar sacral area with diffuse tenderness on the left side, left lower extremity strength noted diminished. Prior problems are listed as: spasm muscle, lumbar discogenic spine pain, and lumbar radiculopathy. The plan of care involved obtaining a urine drug screen, renew Norco, and continue with conservative treatment to include home exercise program, moist heat and stretches. Also proceed with lumbar epidural injections and will precede then with left lumbar transforaminal epidural steroid injections at L4, L5 and S1. The following diagnoses are applied: spasm muscle, lumbar discogenic spine pain and lumbar radiculopathy. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97.

Decision rationale: According to MTUS and ODG, Norco 5/325mg (Hydrocodone / Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the durations of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

2 Left Lumbar Transforaminal Epidural Steroid Injection at L4, L5, and S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESIs.

Decision rationale: A selective nerve root block, or transforaminal epidural steroid injection (ESI), is a variation of the traditional midline ESI; the spinal nerve roots exit the spine laterally. Based on a patient's medical history, a physical exam, and MRI findings, often a specific inflamed nerve root can be identified. According to the CA MTUS guidelines, criteria for ESI's include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, there is no documentation of objective findings of radicular pain in a dermatomal distribution that correlates with the targeted nerve root lesions. In addition, the available diagnostic MRI report fails to reveal any evidence of direct nerve root impingement at the targeted nerve root levels. Medical necessity for the requested transforaminal ESI's has not been established. The requested injections are not medically necessary.

2 Anesthesia with X-Ray: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESIs.

Decision rationale: Given that the epidural steroid injections are not medically necessary, there is no indication for anesthesia to be provided with X-ray. Medical necessity for the requested anesthesia service is not medically necessary. The requested service is not medically necessary.

2 Fluoroscopic Guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESIs.

Decision rationale: Given that the epidural steroid injections are not medically necessary, there is no indication for fluoroscopy. Medical necessity for the requested fluoroscopy is not medically necessary. The requested fluoroscopy is not medically necessary.