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| Case Number: | CM15-0065516 | | |
| Date Assigned: | 04/13/2015 | Date of Injury: | 07/06/2009 |
| Decision Date: | 05/12/2015 | UR Denial Date: | 03/25/2015 |
| Priority: | Standard | Application Received: | 04/06/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 55 year old male, who sustained an industrial injury on 07/06/2009. On provider visit dated 03/06/2015 injured worker has reported chronic low back pain. On examination of the lumbar spine was noted as decreased sensation in lower extremities and trigger point tenderness over the L2-3 paraspinal muscles and L5-S1 paraspinal muscle. Pain with lumbar flexion and extension and a positive straight leg raise bilaterally with a slow antalgic gait were noted. The diagnoses have included lumbar degenerative disc disease, lumbar radicular, myalgia, anxiety and chronic pain. Treatment to date has included epidural steroid injections, medications, physical therapy, and lumbar MRI. The provider requested Bilateral S1 selective nerve epidural steroid injection to help with radicular symptoms and Percocet 10/325 mg. The patient underwent bilateral S1 epidural steroid injection on 12/23/14. Prior UR denied the bilateral S1 selective nerve epidural steroid injection as despite the 50% pain relief for 3 months there was no documentation of reduction in medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral S1 selective nerve epidural steroid injection QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: Bilateral S1 selective nerve epidural steroid injection QTY: 1.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. An appeal for the bilateral epidural steroid injections revealed that there was evidence of a decrease in Percocet in addition to 50% pain relief for 6-8 weeks therefore the bilateral selective nerve epidural steroid injections were approved on a 4/14/15 utilization review. For this reason this request is not medically necessary as it would be redundant. Additionally the MTUS states that current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. For these reasons the request for bilateral S1 selective nerve epidural steroid injection QTY: 1.00 is not medically necessary.

Percocet 10/325mg QTY: 45.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 80-81, 86-87, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Percocet 10/325mg QTY: 45.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation indicates that the patient had a 50% pain relief from the 12/23/14 epidural steroid injection, therefore his Percocet quantity accordingly should reflect this and 45 pills should not be necessary for pain relief The request for Percocet 10/325mg QTY: 45.00 is not medically necessary.