

<b>Case Number:</b>	CM15-0067706		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	01/16/2014
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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 28 year old male, who sustained an industrial injury on 1/16/14. The mechanism of injury was not noted. The diagnoses have included lumbar strain/sprain, lumbar muscle spasm, lumbar radiculopathy and chronic low back pain syndrome. Treatment to date has included medications, chiropractic, Functional Capacity Evaluation (FCE) on 2/18/15, pain management, acupuncture, and activity modifications. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 3/5/15 revealed disc protrusion, bilateral neural foraminal narrowing with bilateral exiting nerve root compromise. There was also urine drug screen performed. Currently, as per the physician progress note dated 3/23/15, the injured worker complains of low back pain that radiates. The objective findings revealed decreased range of motion of the lumbosacral spine with trigger points noted. The progress note dated 3/13/15 revealed complaints of sharp low back pain with stiffness and weakness and radiating to the left lower extremity (LLE). The objective findings revealed that the lumbar spine had tenderness over the paravertebral muscles, bilateral sacroiliac joints, lumbar spinous process and sacrum. There is muscle spasm of the lumbar paravertebral muscles, decreased lumbar range of motion due to pain, Kemp's sign causes pain bilaterally and straight leg raise causes pain on the left. The physician noted that he was awaiting electromyography (EMG)/nerve conduction velocity studies (NCV) of the bilateral lower extremities. The current medications included Norco. The physician gave the injured worker a script for Tramadol. There were no reports of a urine drug screen noted in the records. Work status was to remain off work

until 4/27/15. The physician requested treatments included Lumbar epidural steroid injection (LESI) L4/5 bilateral re-evaluation in 6 weeks and Tramadol 50mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lumbar epidural steroid injection (LESI) L4/5 bilateral re-evaluation in 6 weeks:** 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 Steroid injections, page 46.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any specific neurological deficits or remarkable diagnostics to support the epidural injections. There is no report of acute new injury, flare-up, progressive neurological deficit, or red-flag conditions to support for pain procedure. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. Criteria for the epidurals have not been met or established. The Lumbar epidural steroid injection (LESI) L4/5 bilateral re-evaluation in 6 weeks is not medically necessary and appropriate.

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and

compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Tramadol 50mg #60 is not medically necessary and appropriate.