

Case Number:	CM15-0074125		
Date Assigned:	04/24/2015	Date of Injury:	12/18/2008
Decision Date:	05/21/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/17/2015

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: Preventive Medicine, Occupational 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 67 year old, male who sustained a work related injury on 12/18/08. The diagnoses have included lumbosacral spine radiculitis, chronic cervical musculoligamentous injury, lumbar degenerative disc disease, lumbago and status post left knee surgeries. The treatments have included physical therapy, MRIs, electro diagnostic studies, medications, cervical and lumbar epidural steroid injections, cervical radiofrequency rhizotomy, physical therapy, home exercise program and moist heat treatments. In the PR-2 dated 2/6/15, the injured worker complains of increased low back, neck and left knee pain. His back and left knee is getting worse. He rates the pain a 6/10 with medications and a 10/10 without medications. The treatment plan is to renew prescription for Norco and to await an authorization for a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at C5-6: Upheld

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

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

Decision rationale: Due to the uncertain long-term benefits from epidural injections MTUS Guidelines have very specific criteria to justify repeating injections. These criteria include a significant pain response for at least 6 weeks. There should also be clear evidence of diminished medication needs during the response period. Even though it is stated that prior epidural injections were successful, the records appear to indicate otherwise. Due to a lack of response from prior injections, it is reported that the patient felt it necessary to ask for possible surgery. In addition, there is no evidence that medication use diminished for a significant period of time due to the prior epidural. There are no unusual circumstances to justify an exception to Guidelines. The repeat cervical epidural injection is not supported by Guidelines and is not medically necessary.

Norco 10/325mg quantity 60: Overturned

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

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

Decision rationale: MTUS Guidelines support the judicious use of opioids if there is meaningful pain relief, support of function and the lack of drug related aberrant behaviors. These standards are met with this individual. Pain relief is near 40% with very limited use on a as-needed-basis. Function is supported and there are no drug related aberrant behaviors. Under these circumstances, the Guidelines support the use of Norco 10/325 quantity 60, it is medically necessary.