

<b>Case Number:</b>	CM15-0090440		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	09/20/2012
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Pennsylvania, Ohio, 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 59-year-old male who sustained an industrial injury on 09/20/2012. Mechanism of injury occurred while he was pushing a cart on asphalt when the back wheel went into a sinkhole and he twisted his back and fell. Diagnoses include pseudarthrosis at L5-S1 as evidenced by loose screws at S1, status post lumbar fusion at L3 through S1, lumbar radiculopathy and lumbar discopathy. Treatments to date has included diagnostic studies, medications, physical therapy, and bone stimulator, trigger injections, bilateral selective nerve root blocks, transforaminal epidural steroid injections, hardware blocks, status post decompression of the lower spine in 2010, and status post anterior lumbar interbody fusion at L3-4, L4-5, and L5-S1 on March 12, 2013. Current medications include Norco, Nortriptyline, hydrochlorothiazide and Anaprox. A physician progress note dated 04/01/2015 documents the injured worker complains of pain, which he rates as 1-9 out of 10, which is described as moderate, constant, dull and stabbing. There was tenderness to palpation and spasm of the lumbar spine. He has a positive straight leg raise test bilaterally. There was decreased sensation bilaterally at L5-S1. In a physician progress note dated 03/18/2015, the injured worker complains of low back pain, which he rates as 6-7 out of 10. On February 16, 2015, he underwent bilateral transforaminal epidural steroid injections and reported 95% relief for one month. He reports his pain went from 8-9 out of 10 to a 1 out of 10 on the pain scale. He reports decreased radicular symptoms and state that the sharp pain was gone for a month. He walks with a wide based gait. There is moderate to severe pain in the hardware. There is diffuse tenderness to palpation over the lumbar paravertebral musculature. There is moderate to severe facet tenderness over L2

through L4. Kemp's test was positive on the right and seated straight leg raise was positive bilaterally. Lumbar range of motion is restricted. Treatment requested is for Left L5-S1 Transforaminal Epidural Steroid Injection QTY 1, Norco 10/325mg, and Right L5-S1 Transforaminal Epidural Steroid Injection QTY 1.

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

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

#### **Right L5-S1 Transforaminal Epidural Steroid Injection QTY 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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

**Decision rationale:** MTUS recommends repeat epidural steroid injection treatment if there is documentation after prior injections of at least 50% pain relief for 6-8 weeks as well as objective documentation of functional improvement including reduction of medication usage. The records in this case document subjective improvement from prior ESI treatment but not objective improvement by this definition. The request is not medically necessary.

#### **Left L5-S1 Transforaminal Epidural Steroid Injection QTY 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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

**Decision rationale:** MTUS recommends repeat epidural steroid injection treatment if there is documentation after prior injections of at least 50% pain relief for 6-8 weeks as well as objective documentation of functional improvement including reduction of medication usage. The records in this case document subjective improvement from prior ESI treatment but not objective improvement by this definition. The request is not medically necessary.

#### **Norco 10/325mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, On-going Management, Weaning of Medications Page(s): 91, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids / Ongoing Management Opioids for Chronic Pain Page(s): 78, 80.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.