

<b>Case Number:</b>	CM15-0096060		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	01/02/2006
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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, Pain Management, 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 53-year-old, male who sustained a work related injury on 1/2/06. He was carrying a 60-pound pump down some stairs to a basement and wrenched his low back. The diagnoses have included low back pain, post-lumbar spine surgery syndrome, sciatica, meralgia paresthetica, cervical disc displacement, cervical radiculopathy and cervical facet arthropathy. Treatments have included medications, trigger point injections, lumbar spine surgeries, physical therapy, use of a back brace and use of an Aircast. In the Visit note dated 4/15/15, the injured worker complains of chronic headaches, cervical neck and low back pain. He reports that he is getting pain relief and has functional improvement with the use of the medications he is prescribed. Upon physical examination, he has lumbar facet tenderness with complaint of bilateral lower extremity pain from mid thigh down in a stocking glove distribution. The treatment plan includes a continuation of Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) bilateral transforaminal LESI at L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

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

**Decision rationale:** MTUS 2009 states that epidural steroid injections are an option to treat radicular symptoms with correlative anatomic and clinical findings of nerve root compression. The patient has already undergone surgery to decompress the nerve root and there is no current evidence indicating that his ongoing symptoms are related to nerve root compression. This request for a bilateral transforaminal epidural steroid injection at L5/S1 is not medically necessary.

**Norco 10/325 mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**Decision rationale:** MTUS 2009 states that opioids should be discontinued if there is no functional improvement due to its use. MTUS 2009 further states that chronic opioid maintenance therapy (COMT) for non-cancer pain should result in functional improvement for ongoing use. The patient has remained symptomatic and opioids have not reduced reported complaints or stopped the search for alternate interventions to reduce pain. This request for Norco #150 does not adhere to MTUS and is not medically necessary.