

Case Number:	CM14-0142233		
Date Assigned:	09/10/2014	Date of Injury:	02/17/2004
Decision Date:	10/21/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 62-year-old male with a reported date of injury on 02/17/2004. The mechanism of injury was not listed in the records. The diagnoses included cervicalgia, lumbosacral sprain/strain, shoulder impingement, tendinitis, pelvis sprain/strain, and lumbar displacement. The past treatments included pain medication, physical therapy, and surgery. The magnetic resonance imaging (MRI) performed on 09/19/2011 revealed L2-3 bilateral disc protrusion, L3-4 bilateral disc protrusion, and L4-5 lumbar fusion. The surgical history included lumbar fusion at L4-5. The injured worker's subjective complaints included chronic pain in his lumbar spine with radiation of pain to the bilateral lower extremities. The physical exam findings noted decreased sensation with pain in L4, L5, and S1 dermatomal distributions bilaterally, but much more so on the right side. The patient has difficulties walking due to his pain and weakness on the right side. The medications included Gabapentin, Norflex, and Norco. It is noted in the records that the patient has been on Norco since at least 07/10/2014. The treatment plan was to order an updated MRI of the lumbar spine, refill Norco, and order an epidural steroid injection at the L5-S1 level. A request was received for lumbar epidural steroid injection at the L5-S1 level, Norco 10 mg #90, and MRI of the lumbar spine. The rationale for the epidural steroid injection was that the patient responded favorably to the injection before and would like to proceed with a second injection; the rationale for the Norco was to relieve pain; and, the rationale for the MRI of the lumbar spine was that symptoms were worsening and an updated MRI was needed. The Request for Authorization was dated 07/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Lumbar Epidural Steroid Injection: L5-S1 is not medically necessary. The California MTUS Guidelines state in regards to repeat epidural steroid injections, if after the initial block is given and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. The notes document that the injured worker had an epidural steroid injection previously with "favorably results". There was a lack of documentation regarding a percentage of pain relief and the duration of pain relief. In the absence of the above information the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Norco 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 78.

Decision rationale: The request for Norco 10mg #90 is not medically necessary. The California MTUS Guidelines state four domains that have been proposed as most relevant for monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker has chronic back pain. The notes indicate that the injured worker has been on Norco since at least 07/10/2014. There was not adequate documentation in the clinical notes submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, or aberrant behavior. Furthermore there was no drug screen submitted to assess for aberrant behavior. Additionally the request as submitted did not provide a medication frequency. As adequate documentation was not submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, and aberrant behavior the request is not supported. As such, the request is not medically necessary.

MRI (magnetic resonance imaging) of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, MRIs (magnetic resonance imaging).

Decision rationale: The request for MRI Lumbar Spine is not medically necessary. The Official Disability Guidelines state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker has chronic low back pain. There were no acute symptoms or findings suggestive of significant pathology to support the use of a repeat MRI. As there were no symptoms and/or findings suggestive of significant pathology documented in the notes the request is not supported. As such, the request is not medically necessary.