

Case Number:	CM13-0024933		
Date Assigned:	02/07/2014	Date of Injury:	06/28/1992
Decision Date:	04/22/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/16/2013

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, has a subspecialty in Interventional Spine 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 patient is a 53 year-old male with a date of injury of 06/28/1997. The listed diagnoses per [REDACTED] are: 1) Lumbar post laminectomy syndrome 2) Bilateral lower extremity radiculopathy, left greater than right 3) Reactionary depression/anxiety 4) Status post IDET L2-3, L3-4 and L5-S1, 01/09/2005 5) Status spinal cord stimulator implant 02/16/2004, with removal on 12/12/2006 due to infection 6) L4-5 pseudoarthrosis with repair and removal of posterior hardware 04/10/2007 7) L2-3 fusion 04/07/2009 According to report dated 08/19/2013 by [REDACTED], the patient continues to have back pain. Patient is requesting an epidural injection, spine cord stimulator or a morphine pump. Examination of the lumbar spine reveals tenderness to palpation along the lumbar musculature with muscle rigidity noted along the lumbar paraspinal muscles bilaterally. The patient has decreased range of motion with both flexion and extension secondary to pain. Straight leg raise is positive bilaterally. There was decreased sensation of Wartenberg pinprick on the left posterior lateral thigh and posterior lateral calf on the left. There is no further examination reporting. MRI of the lumbar spine dated 06/15/2011 revealed interbody fusion at L2-3, L4-5 and L5-S1. MRI of the lumbar spine dated 01/02/2008 revealed previous fusion with hardware removal and 5mm disc bulge at L5-S1 and 2mm bulge at L2-3. Electrodiagnostic study dated 10/10/2006 reveals bilateral L5 and S1 radiculopathy. Provocative discogram dated 09/20/2006 revealed and unequivocal positive discogram at L2-3 with negative control at L1-3 and L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION BILATERAL S1 TRANSFORMINAL EPIDURAL INJECTION TO BE DONE AT [REDACTED] SURGERY CENTER: Overturned

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): s 46-47.

Decision rationale: This patient presents with continued back pain with decreased sensation down left posterior lateral thigh and left calf. The treater is requesting a repeat epidural injection at level S1. Utilization review dated 09/03/2013 denied the request stating a spinal cord stimulator has been authorized, and an epidural injection is not medically necessary. As medical records document, the patient received an ESI at S1 level on 12/13/2011. The operative report and immediate subsequent reports were not provided for review. The treater in this report dated 08/19/2013, states that prior injection worked well, giving the patient two or three months of benefit. The treater goes on to state the patient "significantly decreased medication doses and increased activities of daily living as well as participated in a home exercise program." The patient finds that he slept better for several months after his first ESI. In this case, physical examination show decreased range of motion, decreased sensation down posterior thigh and left calf with positive bilateral straight leg raise. As the treater argues, the patient received an injection in 2011 in which he benefited for 2-3 months, allowing for decrease in medication and increase in function. The requested repeat ESI is medically necessary and recommendation is for approval.

CARISOPRODOL 350MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63.

Decision rationale: This patient presents with continued back pain. The treater is requesting Carisoprodol 350 mg # 120. Report dated 08/19/2013 documents that this patient has been taking Soma "for years" and it has been working well for him. In this case, the treater is prescribing Carisoprodol for long term use. Muscle relaxants are not recommended for long-term use by MTUS Guidelines. The requested Carisoprodol is not medically necessary. Recommendation is for denial.