

Case Number:	CM13-0028476		
Date Assigned:	06/06/2014	Date of Injury:	07/26/1996
Decision Date:	07/14/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/24/2013

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 51 year old male who was injured on 7/25/96 after a coin machine fell onto his left foot. Afterwards he developed low back pain, which currently is his main complaint. He was diagnosed with lumbar disc degeneration and lumbosacral spondylosis without myelopathy. His chronic pain was treated with conservative methods, then treated with a morphine pump implant which was removed later due to complications with an infection. He later continued his medications which involved NSAIDS, topical analgesics, and prednisone for pain management. On 7/17/13 he had an MRI of the lumbar spine which revealed mild multilevel mild foraminal stenosis without impingement, mild multilevel disc bulging without significant stenosis, and multilevel facet arthropathy, but no significant spinal stenosis or any nerve compression. He was seen by his physician's assistant who documented the worker complaining of burning, aching, tingling, throbbing, and stabbing low back pain (9/10 rating) which radiated to both legs causing some numbness in both legs and feet, aggravated by biking and walking, but reported improvement with the medications, ice, exercise, yoga, and stretching. The physical examination was not complete and did not involve examination of the back or legs. They discussed the results of the MRI and he was recommended he receive a spinal steroid injection in order to increase his function and pain, and his pain medications were refilled. He was also prescribed (new) Klonopin and Oxycontin to help treat his pain

IMR ISSUES, DECISIONS AND RATIONALES

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

CLONAZEPAM #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES, Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, he was given Klonopin for short term use to help manage his severe pain. Unfortunately, there was no physical examination that might reveal muscle spasm and no evidence of discussion of any insomnia or anxiety that might warrant a consideration of a short trial of this medication. Without documentation to help justify its use, the Klonopin is not medically necessary.

Lumbar Epidural Steroid Injection (LESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS, Page(s): 46.

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

Decision rationale: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short-term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy for guidance, 4. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections, 5. No more than two nerve root levels should be injected using transforaminal blocks, 6. no more than one interlaminar level should be injected at one session, 7. in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, and 8. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, the MRI results didn't reveal any pathology that

would corroborate any nerve compression causing radiculopathy. No physical examination was done on the day the injections were recommended to add further evidence. Electro-diagnostic testing and more thorough physical examination may reveal enough evidence for using steroid injections. Until then, the lumbar epidural steroid injection is not medically necessary.