

Case Number:	CM13-0031957		
Date Assigned:	06/09/2014	Date of Injury:	01/07/2003
Decision Date:	08/07/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/07/2013

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 Occupational Medicine 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:

This injured worker is a female had a date of injury 1/7/2003. Per primary treating physician's report dated 8/15/2013, the injured worker complains of back pain, and leg pain with cramping. She was seen by an orthopedic surgeon who feels the injured worker had herniated nucleus pulposus and may respond to surgical intervention. The surgeon thought epidural steroid injection was an option, and was concerned about medications and hypersensitivity. The injured worker reports that the burning and cramping in her legs is much worse on the left than on the right, and remains horrible. She notes right glut soreness, back hurts, calves hurt. She has constant pain in the left glut worse than the right but has cramping of calf muscles, worse on the left than on the right. She can get right leg cramps to stop by positioning, but not on left. She tried getting by with Percocet only and couldn't get out of bed. Kadian 80 helped and she was able to function using less Percocet. The burning pain was better with Kadian and she had 5-6 hours of sleep. Without Kadian she only got 2-3 hours of sleep. She used the TENS and uses it so she can persist more. She is so miserable she doesn't always shower. Bowel and bladder are okay, but pain persists. She is tearful, upset and angry that she is in this position. She wants to lead as normal of life as possible. On examination she is rubbing her legs when sitting. Her hand grabs and twists the muscles of the left calf, the thigh and some of the front of the thigh. She is moving around. Lower extremity she is constantly rubbing, massaging and changing position. Skin is intact, with mature back and gluteal scar. Her neck and upper extremities are unchanged. Back has limited flexion, extension, lateral felxion and rotation. Pain is in the lumbosacral area and in the left gluteal area and the ischium, but not the right sacral notches, SI joint or the trochanters. There are muscle spasms in the calf muscles today and the back. Straight leg raise is positive on the left. Actual incision sites not examined. Rubbing gluts bilatearally. Neurlogically she has a numb left heel but can feel the right. She describes as ghost pain burning, aching,

stabbing, and referred. Touch one place and feels other. Gait and station are mildly abnormal. Diagnoses include 1) chronic radiculopathy and pain 2) status post microdiscectomy of L5-S1 3) status post stimulator removal because of mechanical failure 4) medication dependency 5) depression, clinically getting worse.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections section.

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

Decision rationale: This is a request for a repeat epidural steroid injection. The MTUS Guidelines recommend a second epidural steroid injection if partial success is produced with the first injection, and a third epidural steroid injection is rarely recommended. 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. Per the requesting physician, epidural steroid injection had helped previously. The injured worker reportedly received 50% relief from an epidural injection for 3 months, and still has some relief, but wakes up at 4 AM with burning symptoms. It is noted however that the following the injection, there was not a reduction in medications prescribed, and there was no objective report of improved function. The request for epidural steroid injection is not medically necessary and appropriate.

SHOES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-372, 376. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Ankle and Foot.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

Decision rationale: The MTUS Guidelines recommend the use of shoes or orthotics for the treatment of neuroma, metatarsalgia, hallux valgus, or plantar fasciitis. This request is for shoes to treat RSD. Although the diagnosis does not match those in the recommendations of these guidelines, the symptoms of these diagnoses are similar, and it is reasonable to expect an orthotic shoe will provide in treating RSD as is supported for other diagnoses. The request for shoes are medically necessary and appropriate.

NEURONTIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) section Page(s): 16-19.

Decision rationale: The MTUS Guidelines recommend the use of Neurontin as a first line treatment for neuropathic pain. This request is incomplete however in that it does not include the number of tablets to be dispensed. The request for Neurontin is not medically necessary and appropriate.