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| Case Number: | CM13-0036531 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 06/06/2006 |
| Decision Date: | 02/14/2014 | UR Denial Date: | 10/11/2013 |
| Priority: | Standard | Application Received: | 10/21/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in New Hampshire, New York, and Washington. 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 physician 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 50-year-old male the date of injury of June 6, 2006. The patient has chronic low back pain. CT scan of the lumbar spine from July 2009 shows scoliosis and degenerative disc condition at L3-4 L4-5 and grade 1 anterolisthesis at L5-S1 with L5 spondylolysis. Repeat CT from January 2013 show no major central or foraminal stenosis and no evidence of nerve root compromise and lumbar spine. Treatment has included medications with documentation of effectiveness reducing pain and enabling the patient to walk better. Current medications include Norco, Elavil, and Prilosec. Physical examination demonstrates antalgic gait with the use of a cane, painful range of motion and diminished sensation to the left L4-L5 and S1 dermatomes. Slight decreased strength in the bilateral lower extremities. Diagnoses include L5-S1 spondylolisthesis, lumbar disc protrusions, lumbar radiculopathy and degenerative disc conditions. Patient has been treated with lumbar epidural steroid injections. There was some relief of pain with epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm topical ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Established guidelines state that topical lidocaine is only recommended after a failed trial of first line therapy for neuropathic pain. The medical records indicate that medications including Elavil were able to reduce the patient's pain significantly. There is no evidence that Elavil has failed. Additionally, topical lidocaine informed lesions other than the dermal patch is not indicated for neuropathic pain. Since the patient has responded to first line medication for neuropathic pain and the guidelines do not the point ointment use of lidocaine, lidocaine topical ointment is not medically necessary an established guidelines are not met.

Transforaminal epidural steroid injection at L4, L5, and S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

Decision rationale: This patient does not meet establish guidelines for epidural steroid injection. Specifically the patient does not have a documented radiculopathy that corresponds with imaging studies suggestive of nerve root compression. There is no clear demonstration of radiculopathy as diagnostic imaging studies do not demonstrate significant compression the nerve root. Additionally, the patient continues to be responsive to conservative therapy as the medical records indicate that medications were able to reduce pain and allow the patient to walk longer in further. Established criteria for epidural steroid injection are not met.