

Case Number:	CM13-0050723		
Date Assigned:	04/09/2014	Date of Injury:	11/10/2007
Decision Date:	05/23/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/14/2013

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 Pain Management 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 47-year-old female with date of injury of 11/10/2007. The listed diagnoses per [REDACTED] dated 09/26/2013 are: 1. Low back pain. 2. Status post L3-S1 lumbar fusion from 2009. 3. Bilateral lower extremity radicular symptoms. 4. Cervical pain with bilateral upper extremity radicular symptoms. 5. Painful scar in the right superior buttock at the site where the spinal cord stimulator generator was implanted and then removed. 6. Status post cerebrovascular accident x2 with ongoing Coumadin therapy. Final Determination Letter for IMR Case Number CM13-0050723 3 According to the report, the patient remains symptomatic with low back and left lower extremity pain. She states that the pain radiates to the left buttock and left posterior thigh down to the calf and foot. She also notes pain over the cervical spine and occasional muscle spasms. The physical examination shows there is moderate paraspinous tenderness with 1+ to 2+ muscle spasm. There are several palpable trigger bands palpated with positive twitch response and referred pain with palpation over the trigger points. She also has tenderness over the inferior gluteal notch. Straight leg raise was positive at 30 degrees on the left and 45 degrees on the right. Sensory exam reveals hyperesthesia in the left L5 and S1 dermatome. The treating provider is requesting a repeat caudal epidural steroid injection under fluoroscopic guidance and a refill for Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

A REPEAT CAUDAL EPIDURAL STEROID INJECTION UNDER FLUOROSCOPIC GUIDANCE: Upheld

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

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

Decision rationale: This patient presents with chronic low back and left lower extremity pain. The treating provider is requesting a repeat caudal epidural steroid injection (ESI) under fluoroscopic guidance. The MTUS Guidelines page 46 on epidural steroid injections states that radiculopathy must be documented with physical examination and imaging studies including unresponsiveness to conservative treatments. Furthermore, 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. The records show that the patient had her first caudal epidural steroid injection on 03/07/2013 with reduced symptoms by up to 50% for 8 weeks. A second caudal ESI was performed on 08/29/2013, this time without significant functional improvement. In this case, the MTUS guidelines require at least 50% documented pain relief for up to 6-8 weeks for repeat injections. Given the patient's most recent caudal ESI didn't result in any functional improvement, the request for a repeat caudal ESI is not authorized. Recommendation is for denial.

LIDODERM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patches Page(s): 56, 57 AND 112.

Decision rationale: This patient presents with chronic low back and left lower extremity pain. The treating provider is requesting a refill for Lidoderm patches. The MTUS Guidelines pages 56 and 57 on Lidoderm patches, recommend topical lidocaine for a localized peripheral pain after there has been evidence of a trial of first line of therapy. Furthermore, MTUS states, "Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." The review of records from 02/11/2013 to 10/23/2013 show that the patient has been using Lidoderm since 04/24/2013. However, there is no indication that Lidoderm is being used for radicular pain. It seems to be used for low back pain, which is not neuropathic. MTUS allows Lidoderm for neuropathic pain that is peripheral and localized. It is not recommended for musculoskeletal pain condition such as low back pain. Recommendation is for denial.