MAXIMUS Federal Services

Case Number:	CM13-0056728		
Date Assigned:	12/30/2013	Date of Injury:	02/17/1993
Decision Date:	03/29/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/22/2013

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 Physical Medicine & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 reported an injury on 02/17/1993. The mechanism of injury was not specifically stated. he patient is diagnosed with cervicalgia, cervical facet joint pain, cervical radiculitis, bilateral de Quervain's tenosynovitis, multilevel lumbar spondylosis, sacroiliac joint pain, lumbar disc disease, lumbar spinal stenosis, lumbar radiculopathy, L4-5 anterolisthesis, and bilateral knee enthesopathy. The patient was seen by [redacted] on 10/24/2013. The patient reported persistent pain over multiple areas of the body. Physical examination of the lumbar spine revealed tenderness at bilateral sacroiliac joints, decreased range of motion, and positive Kemp's and Minor's testing. The patient demonstrated intact sensation and 5/5 motor strength in bilateral lower extremities. Treatment recommendations at that time included an epidural steroid injection, as well as continuation of current medication. The patient previously underwent an MRI of the lumbar spine on 05/29/2013, which indicated grade I spondylolisthesis of L4 on L5, severe bilateral neural foraminal narrowing at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injection L4-5 and L5-S1: Upheld

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

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. As per the documentation submitted, there was no evidence of radiculopathy upon physical examination. The patient demonstrated intact sensation with 5/5 motor strength in bilateral lower extremities. There is also no indication of a failure to respond to recent conservative treatment, including exercises, physical methods, NSAIDs, and muscle relaxants. It is also noted that the patient sees a pain management specialist for injection therapy, which she states have been beneficial. However, there is no documentation of the type of injection or treatment efficacy. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

request for Tramadol 20%, Fluribprofen 20%, Cyclobenzaprine 20%, 30gm jar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Muscle relaxants are not recommended, as there is no evidence for the use of any muscle relaxant as a topical product. The only FDA-approved topical NSAID is diclofenac. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.