

Case Number:	CM13-0056754		
Date Assigned:	12/30/2013	Date of Injury:	02/15/2008
Decision Date:	03/21/2014	UR Denial Date:	11/12/2013
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 and Rehabilitation, 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 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 36 year old male who was injured on 02/15/2008. While lifting something, the patient heard a pop and developed severe back and left leg pain. In 09/2008 the patient underwent a lumbar micro discectomy at L5-S1 which provided a significant benefit in pain reduction. Patient underwent postoperative physical therapy 2x week for 4 months. Additional treatment consisted of morphine shots, three lumbar epidural injections between 2009 and 2010. 03/27/2012 MRI of the right shoulder revealed mild increased anatomic risk for acromial impingement secondary to lateral downsloping; trace subacromial bursitis and no rotator cuff tear. 02/21/2012 MRI of the lumbar spine revealed L5-S1 mild right and moderate to severe left neutral foraminal narrowing secondary to 2-3mm posterior disk bulge and facet joint; Non-specific straightening of normal lumbar lordosis. Electro diagnostic study dated 12/05/2011 revealed chronic, active left L5 radiculopathy. Urine Toxicology review dated 12/02/2013. Pain medicine re-evaluation dated 12/02/2013 reports the patient presented with complaints of low back pain that radiates to the left lower extremity and is accompanied by numbness, tingling and muscle weakness frequently. His pain is rated at 8 out of 10 with medications and 10 out of 10 without. He has limitations in self care, hygiene, activity, ambulation, sleep and sex. He states the last ESI he had in June 2010 was helpful with medication reduction and improved functioning for up to 3 months. On examination he had a slow and antalgic gait and utilized a cane in order to ambulate. There was spasms and tenderness noted upon palpation of the spinal vertebral L4-S1 levels. Motor examination shows decreased strength of the bilateral lower extremities. The patient is noted to have developed opiate tolerance due to long term opiate use and is awaiting possible surgery for his lumbar spine with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic transforaminal epidural steroid injection using fluoroscopy at left level L5-S1:
Upheld

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

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

Decision rationale: The CA MTUS indicates the purpose of an ESI is to reduce pain and inflammation, restore range of motion and, thereby, facilitate progress in more active treatment programs and avoiding surgery. The patient is documented to have pain which rates an 8/10 on the most recent examination. He also has severe limitations in activities of daily living which he states were improved during the last ESI trial. He is documented to have developed an opiate tolerance due to long term use. Upon examination the patient had evidence of chronic left L5 radiculopathy on EMG findings. It was stated the patient is pending possible surgery for his lumbar spine. Based on the above findings, the patient does meet the criteria for lumbar ESI.

Lidoderm 5% Patch (700mg/patch) #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56.

Decision rationale: The patient has a diagnosis of failed back syndrome and according to the CA MTUS, the Lidoderm patch is only FDA approved for post-herpetic neuralgia. Therefore, the requested treatment does not fall within the guidelines and is therefore not certified.