

Case Number:	CM13-0062911		
Date Assigned:	12/30/2013	Date of Injury:	06/11/2011
Decision Date:	04/11/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 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 is a 41-year-old female patient with a date of injury of 06/11/2011 and the mechanism of injury was the patient reportedly was stacking food trays onto a cart with a lifting and twisting motion. The patient then suddenly felt hot, burning pain in the low back and since then has undergone physical therapy. The patient describes the pain as constant, hot, sharp, burning, and piercing in the low back and rated at 7-8/10 on the VAS. The patient reported the back pain is shooting down to the anterior aspect of the left thigh to the knee. Occasionally, the pain was felt in the right lower buttock and posterior right calf. The patient reported the pain was aggravated by walking, standing, or sitting and worsened at night. The patient found that rest, heat, and changes in positioning alleviated the pain. An EMG/NCS on 01/13/2012 was normal for the lower extremities. MRI of the lumbar spine on 12/11/2012 revealed L4-5 right lateral disc protrusion with a 3 mm annular tear with contact to the right exiting L4 nerve root and right neural foraminal stenosis had progressed. There was slight progression at L3-4 with lateral annular tear; levoconvex and trace levorotatory scoliosis. The patient received a lumbar translaminar epidural steroid injection at L3-4 on 02/18/2013. Objective findings on 11/04/2013 showed positive TTP; L/S right and left paralumbar. There was decreased sensation in the right and left lower extremity L5 dermatome. Diagnosis was lumbosacral sprain/strain. Treatment plan at the time was for lumbar epidural steroid injections and Lidoderm patch, as well as request for H-wave at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION AT L4-5 QUANTITY 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit." The request for the lumbar epidural steroid injection at L4-5 is non-certified. Objective findings on 04/09/2013 revealed moderate tenderness to palpation of the lumbar paraspinal muscles. Lumbar spine testing showed severe limited range of motion in flexion, extension, lateral flexion, and rotation, although strength testing of the right lower extremity was 5/5. Strength testing of the left lower extremity was limited due to pain. There were no current MRI and imaging studies submitted for review with the documentation provided and it was reported that the last epidural steroid injection the patient received on 02/18/2013 resulted in side effects as evidenced by hot flashes, flushed face, itching over low back and arms, intermittent non-positional headaches, and prolonged menstrual bleeding. Given there were no diagnostic and imaging studies provided for review and the side effects the patient experienced from the last injection, the request is non-certified.

LIDODERM PATCH QUANTITY 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Lidocaine Patch) Page(s): 56-57.

Decision rationale: The California MTUS Guidelines state, "Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics." The request for Lidoderm patch is non-certified. On exam of 04/09/2013, the patient presented reporting no relief from the epidural steroid injection on 02/18/2013 and appeared in moderate discomfort on objective findings. Other medications listed were Celebrex, Flector patches, and Baclofen. Given there are no noted changes in the patient's condition and no reported effectiveness from the Lidoderm patches and the patient is on other medications for pain control, the request is non-certified.

