

Case Number:	CM14-0001632		
Date Assigned:	01/22/2014	Date of Injury:	09/08/2009
Decision Date:	06/26/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/06/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 51 year old male who reported an injury of an unknown mechanism on 01/23/2012. In the clinical note dated 10/11/2013, the injured worker complained of increased back pain radiating from the low back to include posterolateral thigh and calf including the lateral, bottom, and dorsal aspect of the foot. It was annotated that the injured worker complained of medication side effects that included allergic reaction to the adhesive of the Butrans patch. The prescribed medications of the injured worker were documented as Zanaflex 4 mg, Celebrex 200 mg, Neurontin 400 mg, Norco 10/325 mg, Butrans patch 5 mcg, and Tramadol HCL 50 mg. In the physical examination of the lumbar spine, it was noted that there was restriction of range of motion with flexion limited to 10 degrees limited by pain, extension limited by pain, right lateral bending limited by pain, and left lateral bending limited by pain. The spinous process tenderness was noted on L4 and L5. A straight leg raising test was positive on the right side at a sitting position at 45 degrees. A Faber test was noted as positive. The diagnoses included low back pain syndrome, encounter for long-term use of other medications, lumbar disc degeneration, lumbar spondylosis without myelo/facet arthropathy, and lumbar/thoracic radiculopathy. The treatment plan included a request for a lumbar epidural injection at L5-S1 on the right side. A prescription of Subutex 2 mg was added and a discontinuation of the Butrans patch and a discontinuation of Norco 10/325 mg were also noted. The Request for Authorization was submitted on 10/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL INJECTION, RIGHT AT L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: EPIDURAL STEROID INJECTIONS (ESIs), CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

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

Decision rationale: The MTUS Chronic Pain Guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. 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. Criteria for an ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In the clinical note provided for review, there was a lack of documentation of the injured worker having failed conservative therapy. It was unclear if the injured worker had tried any home exercise programs, physical therapy, NSAIDs, and muscle relaxants. The clinical note also lacked documentation of efficacy of the prescribed pain management medications. Also, there was a lack of objective findings of radiculopathy on examination to meet guideline criteria. Therefore, the request for lumbar epidural injection, right at L5-S1 is not medically necessary and appropriate.