MAXIMUS Federal Services

Case Number:	CM14-0123162		
Date Assigned:	08/08/2014	Date of Injury:	10/01/2008
Decision Date:	10/01/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/04/2014

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 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:

This is a 60 year old male with a 10/1/2008 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/8/14 noted subjective complaints of low back pain radiating into bilateral lower extremities. Objective findings included lumbar paraspinal tenderness, limited range of motion (ROM), normal sensory exam bilaterally, and positive SLR bilaterally. Lumbar spine MRI 2/11 showed multi-level disc bulging. Diagnostic Impression: lumbar disc degeneration. Treatment to Date: medication management, prior Epidural Steroid Injection (ESI), physical therapyA UR decision dated 7/15/14 denied the request for one lumbar steroid injection bilateral L4-S1. A review of the records failed to reveal radiculopathy in a specific dermatomal pattern. It also denied 30 Celebrex 200 mg. A review of the records revealed patient to be utilizing Hydrocodone/Apap; therefore it seems that a prescription for Celebrex in addition to the narcotic analgesic is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Lumbar Steroid Injection bilateral L4-S1 between 7/14/2014 and 10/12/2014:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, in the documents provided for review, there is no objective evidence of radiculopathy on physical examination. Additionally, there is no MRI evidence suggestive of radiculopathy. It is unclear how the requested treatment modality would be of benefit to the patient at this time. Therefore, the request for lumbar steroid injection bilateral L4-S1 was not medically necessary.

30 Celebrex 200 mg between 7/14/2014 and 10/12/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter Other Medical Treatment Guideline or Medical Evidence: FDA (Celebrex)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. In addition, Celebrex is also a better choice than NSAIDS in patients with oseoarthritis and rheumatoid arthritis who are on a daily aspirin with regard to prophylaxis of GI complications as the annual GI complication rates for these patients is significantly reduced. However, with a 2008 date of injury, it is unclear how long the patient has been taking Celebrex. There is no documentation of specific objective benefit derived from the use of Celebrex. Furthermore, there is no documentation that the patient is at elevated risk of GI complications. Therefore, the request for 30 Celebrex 200 mg was not medically necessary.