

Case Number:	CM14-0125301		
Date Assigned:	08/11/2014	Date of Injury:	02/11/2003
Decision Date:	09/22/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/07/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 35-year-old who reported an injury on February 11, 2003. The mechanism of injury is not provided. The diagnoses were listed as lumbar radiculopathy, muscle spasm, degenerated disc disease, lumbar facet arthropathy, and lumbosacral spondylosis without myelopathy. Past treatments were documented as a diagnostic dorsal medial branch block to bilateral L3, L4 and L5 on May 28, 2014 and a lumbar facet injection on June 17, 2014. Diagnostic studies noted were an x-ray and MRI that was noted to have findings consistent with facet pain. There were no relevant surgeries noted. On July 22, 2014, the injured worker complained of a sharp and aching lower back pain. She rated the pain 4/10 on a good day and 10/10 on a bad day on a pain scale. She reported that the medial branch block was not effective with no pain relief at all, but that norco provides 80% pain relief and allows her to do work around her house and take care of her young daughter. She added that without medication her activity is limited to sedentary. She denies weakness, paresthesias, and seizures. Upon examination, she was noted to have tenderness over lumbar facets, increased pain with extension, and positive sitting straight leg raise. Normal strength in the lower extremities and bilateral lumbar spasm was also noted. The medications noted were cyclobezaprine 10 mg and norco 10-325 mg. The treatment plan was to request a urine toxicology screen, request caudal epidural steroid injection, and to continue with conservative treatment to include home exercise program, moist heat, and stretches. The rationale for the request was not provided. The request for authorization form was signed and submitted on July 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid Injection with Racz Catheter, Anesthesia, X-ray, Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural steroid injections.

Decision rationale: The Chronic Pain Medical Treatment Guidelines may recommend epidural steroid injections as an option for radicular pain in the dermatomal distribution with corroborative findings of radiculopathy. Radiculopathy must be documented by physical examination and corroborated by imaging studies. The patient must be initially unresponsive to conservative treatment like exercises, physical therapy, muscle relaxants, and NSAIDs (non-steroidal anti-inflammatory drugs). Fluoroscopy should be used for guidance. There was mention of a MRI, but the MRI report to support the findings was not provided. There were no significant neurological deficits documented. There was no indication of failed physical therapy in the clinical reports. In addition, the level to be injected was not provided. Additionally, according to The Official Disability Guidelines, routine use of anesthesia is not recommended except for patients with noted evidence of anxiety. There was no recent documentation showing the injured worker had severe anxiety or a needle phobia to warrant anesthesia. Based on the lack of documentation showing failed physical therapy, significant neurological deficits, the MRI report, and the rationale for anesthesia, the request is not supported. Therefore, the request for a caudal epidural steroid injection with Racz catheter, anesthesia, X-ray, fluoroscopic guidance is not medically necessary or appropriate.

Cyclobenzaprine HCL 10 mg sixty count with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-64.

Decision rationale: The injured worker reported 80% pain relief with norco allowing her to complete house work and care for her daughter. The Chronic Pain Medical Treatment Guidelines may recommend cyclobenzapine with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. It is noted in most low back pain cases they show no benefit beyond NSAIDs in pain and overall improvement. This medication is not recommended to be used longer than two to three weeks. The length of time that the injured worker had been taking the medication was not documented and the frequency was not provided as well. Therefore, the request for Cyclobenzaprine HCL 10 mg sixty count with three refills is not medically necessary or appropriate.

