

Case Number:	CM14-0131178		
Date Assigned:	08/20/2014	Date of Injury:	08/08/1997
Decision Date:	10/30/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/16/2014

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 Occupational Medicine 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:

According to the provided documents this is a 51-year-old woman with a date of injury on 8/8/97. She reportedly injured her back lifting a patient. There was a previous L4-5 laminectomy discectomy in 1995. There was a thermoplasty L4-5 in 1996. She has had acupuncture and lumbar ESI with good relief. The most recent imaging was on 2/18/11. The disputed treatments being addressed are a new MRI of the lumbar spine, Lidoderm patch and repeat left and right L5 TFE (transforaminal epidural). The provided 7/11/14 report indicates that the patient has reported an increase in the chronic low back pain and sciatica pain extending to her knee and foot. This has resulted in an adverse effect on her physical activity. She is using Lidoderm patches, Topamax and Aleve. She would like to repeat injections that were "helpful for her in the past". There is mention of pain radiating into the bilateral lower extremities anteriorly and tingling intermittently. Specific dermatomal distributions are not noted. Objectively the neurologic exam had intact sensation, deep tendon reflexes 2+ bilaterally throughout, intact sensation to light touch and pressure and normal gait. There is tenderness in the back and decreased range of motion. Straight leg raise is full, and there is tenderness over the sacroiliac joints. Diagnoses were degeneration of lumbar discs, lumbar radiculitis/radiculopathy and Postlaminectomy syndrome of lumbar spine. The plan states that she had bilateral L5 transforaminal epidural steroid injections on 7/5/12 with 50% pain relief, it has now worn off. There is a request for a refill on the Lidoderm patch. There is no mention where on the body the patient placed her Lidoderm patches. There is no mention of pain relief with or without the patch. It is not known how long the patient has been using these. A MRI of the lumbar spine is requested then notes that there is a report of continuing intermittent low back pain which is increased with activity. There is no other mention of why the MRI is being ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

New MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: ACOEM indicates that imaging studies are indicated when there are unequivocal objective findings of specific nerve compromise on the neurologic examination, which is not present here. The guidelines caution that indiscriminate imaging can result in false positive findings because of the possibility of identifying a finding that was present before the symptoms began and does not have temporal association. Studies should be reserved for cases where surgery is considered or where there are red flag diagnoses. There is no indication that this patient is a surgical candidate. There is no documentation of any red flag diagnoses such as concern for fracture, infection, tumor or progressive neurologic deficits including cauda equina syndrome. There is no indication of how the MRI findings would affect the patient's treatment plan at this point. This is not considered to be medically necessary based upon the evidence and the guidelines.

Medications x 1 Lidoderm Patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PART 2, TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: Lidoderm patches are a patch that is affixed to the skin that contains topical Lidocaine which is an anesthetic. These are indicated for neuropathic pain, specifically recommended by guidelines for localized peripheral pain after there has been evidence of a trial of first-line therapy such as an antidepressant or an antiepileptic medication. In this case, there is a flare-up of some nonspecific sciatica as well as low back pain but there is no indication that this patient is using these peripherally in the lower extremities for pain distal from the low back. Additionally, prior use has not reduced the need for medical treatment since the patient is experiencing a flare-up of pain which required a follow-up and a request for additional treatment. There is no mention of any prior trials of other medications for neuropathic pain such as an antiepileptic or an antidepressant. Therefore, based upon the evidence and the guidelines, this not considered to be medically necessary.

Repeat left and right L5 TFE (epidural steroid injection): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PART 2, EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: The current requesting report documents flare up of chronic low back pain and sciatica and lower extremities. There are no focal neurologic deficits documented on the examination, therefore there is no clinically evident radiculopathy. MTUS guidelines only support epidural steroid injections when there is a clinically evident radiculopathy that is corroborated by diagnostic testing such as MRI or EMG of lower extremities. Thus, based upon the evidence and the guidelines this is not considered to be medically necessary.