

Case Number:	CM14-0140201		
Date Assigned:	09/08/2014	Date of Injury:	08/27/2009
Decision Date:	10/03/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/29/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 40 year old male with a date of injury on 8/27/2009. Diagnoses include chondromalacia patella, right knee internal derangement, lumbar radiculitis, low back pain, and sciatica. Most current subjective complaints are of pain and numbness of the right hand. Prior complaints are of back pain with radiation to the legs, and headaches. Physical exam shows right leg muscle strength of 3/5, tenderness and spasm, and absent reflexes at the right patella and Achilles. Medications include Celebrex, Lidoderm, methocarbamol, Norco, and omeprazole. A Lumbar MRI from 2011 showed degenerative spondylosis, left facet synovial cyst with impingement at L5-S1, and mild foraminal narrowing at L4-5 on the left. Prior interventions include a right dorsal S1 epidural steroid injection in 12/2011. Records from 1/12 note that the patient was not doing well. Patient has had at least 12 prior sessions of physical therapy. Spine surgeon consultation from 9/24/2013 recommended further non-operative management with facet joint blocks and if effective radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L4-S1 Left: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46.

Decision rationale: CA MTUS notes that the purpose of epidural steroid injection 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 epidural steroid injections must show documented radiculopathy on physical exam and corroborated by imaging studies and/or electrodiagnostic testing. For therapeutic injections, repeat blocks should be based on continued objective pain relief and functional improvement, including at least 50% improvement for 6 to 8 weeks. This patient had a previous injection that did not demonstrate pain relief or functional improvement. For this patient, there is not current objective evidence of radiculopathy on exam or definitive pathology on imaging. Therefore, the medical necessity of an epidural steroid injection is not established at this time.

Physical Therapy to Low Back 2 Times per Week for 4 Weeks after Injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK, PHYSICAL THERAPY

Decision rationale: The ODG states that for lumbar sprains/strains and for intervertebral disc disorders the recommended physical therapy is 10 sessions over 8 weeks. This patient has already received at least 12 sessions of physical therapy. Documentation is not present that indicates specific deficits for which additional formal therapy may be beneficial. Furthermore, since an epidural steroid injection is not medically necessary, the subsequent physical therapy would not be indicated. Therefore, the request for 8 physical therapy sessions is not medically necessary.

Lidoderm 5% Topical Film #90, 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM Page(s): 56.

Decision rationale: CA MTUS recommends Lidoderm as a second line treatment for localized peripheral pain after there has been evidence of first line therapy treatment failure. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The submitted documentation does not provide evidence for post-herpetic neuralgia or signs and symptoms consistent with localized peripheral pain. Furthermore, Lidoderm is only recommended after a trial of a first-line medication. There is no trial of first

line medications evident in the medical records. Therefore, the medical necessity of Lidoderm patches is not established.

Celebrex 200mg #30, 1 Refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: CA MTUS recommends NSAIDS at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for short-term symptomatic relief for back pain. For this patient, moderate pain is present in multiple anatomical locations, including the back. Therefore, the requested Celebrex is medically necessary.

Methocarbamol 750 MG 360 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: CA MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. For this patient, submitted documentation does not identify acute exacerbation and does not show objective evidence of muscle spasm. Therefore, the medical necessity of methocarbamol is not established.