MAXIMUS Federal Services

Case Number:	CM14-0156311		
Date Assigned:	09/25/2014	Date of Injury:	02/28/2013
Decision Date:	12/04/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/24/2014

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 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:

The patient is a 58-year-old female with date of injury of 02/28/2013. The listed diagnoses per [redacted] from 04/15/2014 are:1. Low back pain with radicular symptoms to the bilateral lower extremities, worse on the left side at L5 and S1 direction with lumbar spine MRI study revealing L4 - L5 and L5 - S1, 2 millimeter disc bulge with posterior ligamentous flavum hypertrophy.2. Lumbar spondylosis with facet arthropathy at L4 - L5 and L5 - S1 bilaterally from December 9, 2013 MRI 3. Rule out left sacroiliac joint arthropathyAccording to this report the patient complains of low back pain with radicular symptoms to the bilateral lower extremities, worse on the left side at L5 and S1 nerve root direction. The patient continues to complain of moderate to severe pain to her lower back area. She denies any new accidents or injuries. The patient has completed therapies in the past including oral medication with no relief. The examination shows tenderness in the lumbar paraspinal region bilaterally. There is tenderness in the midline lumbar spine. Deep tendon reflexes are diminished. Motor strength exam on the left side is decreased. Tenderness on the bilateral facet joints at L5 - S1 and L4 - L5 was noted. There is tenderness over the PSIS. Straight leg raise is positive on the left side at 50. Lumbar extension causes pain over the facet joints. Spasm is present with range of motion in the lumbar spine. The documents include and epidural steroid injection operative report from 06/02/2014 and progress reports from 03/24/2014 to 08/11/2014. The utilization review denied the request on 09/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd Epidural steroid injection for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46, 47.

Decision rationale: This patient presents with low back pain with radiating symptoms to the bilateral lower extremities. The treater is requesting a second epidural steroid injection for the lumbar spine. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. Repeat block should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks.The treater references an MRI of the lumbar spine from December 9, 2013 that revealed posterior disc protrusions at L4 - L5 and L5 - S1 levels with the hypertrophy of the ligamental flavum. The operative report from 06/02/2014 showed that the patient received a translaminar epidural steroid injection at L4 - L5 and L5 - S1. The 08/07/2014 report notes that the patient reports 50% improvement in her pain for about two weeks following her epidural steroid injection. She now reports that she is at her baseline pain level with radicular symptoms to her lower extremities, worse on the left. In the same report, the treater notes tenderness on the bilateral facet joints at L5 - S1 and L4 - L5. Straight leg raise is positive on the left at 50. Given 50% pain relief for only 2 weeks, the patient does meet the requirements by the MTUS for repeat injections. The request is not medically necessary.

Lidoderm patches 5% qty 25: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine; topical analgesic Page(s): 56-57; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, Lidoderm patches

Decision rationale: This patient presents with low back pain. The treater is requesting Lidoderm Patches 5% quantity 25. The MTUS Guidelines page 56 and 57 states on Lidocaine, "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica)." MTUS page 112 also states, "Lidocaine indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The records show that the patient was prescribed Lidoderm patches on 05/14/2014. It appears that the treater is requesting

Lidoderm patches for the patients low back pain. The patient does not present with localized peripheral neuropathic pain. The request is not medically necessary.

Purchase of cold therapy unit for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 Chapter on Heat/Cold Therapy

Decision rationale: This patient presents with low back pain. The cheater is requesting a purchase of a cold therapy unit for the lumbar spine. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines recommends at-home, local applications of cold pack in the first few days of acute complaints; thereafter, applications of heat packs. ODG further states that mechanical circulating units with pumps have not been proven to be more effective than passive hot/cold therapy. The 08/07/2014 report notes that the treater is requesting a motorized cold therapy unit to be utilized post injection. The ODG guidelines do not support the use of mechanical circulating units for the treatment of generalized lumbar pain. At home application of hot/cold should be sufficient. The request is not medically necessary.