

Case Number:	CM14-0158495		
Date Assigned:	10/02/2014	Date of Injury:	06/01/1997
Decision Date:	10/28/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/26/2014

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 60 year-old patient sustained a low back injury on 6/1/1997 while employed by [REDACTED]. Request(s) under consideration include bilateral transforaminal lumbar epidural steroid injection at L5-S1 and anti-inflammatory topical cream. Diagnoses include lumbar spondylosis/ DDD/ radiculopathy. Conservative care has included medications, therapy, and modified activities/rest. Report of 9/25/13 from the PA-c/provider noted chronic low back and leg pain down bilateral lower extremities in posterior left thigh, and knee without symptoms of weakness, numbness or bowel/bladder dysfunction. The patient takes Vicodin for pain. Exam showed tenderness to palpation in lower lumbar region; positive straight leg raises (SLR) bilaterally; and intact sensation and 5/5 motor strength. Treatment included lumbar epidural steroid injection. Report of 8/20/14 from the provider noted the patient with ongoing chronic low back and leg pain going down bilateral lower extremities rated at 4/10. The patient has been taking over-the-counter anti-inflammatories with gastrointestinal (GI) upset and history of kidney failure from the non-steroidal anti-inflammatory drugs (NSAIDs). Exam showed positive SLR at 15 degrees; tenderness to palpation in bilateral lower lumbar region; oblique extension produces axial back pain. Treatment included topical anti-inflammatory due to GI upset; kidney function panel, and LESI. The request(s) for bilateral transforaminal lumbar epidural steroid injection at L5-S1 and anti-inflammatory topical cream were non-certified on 9/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal lumbar epidural steroid injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs Page(s): page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The bilateral transforaminal lumbar epidural steroid injection at L5-S1 is not medically necessary and appropriate.

Anti-inflammatory topical cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Analgesics, page(s) 111-113, Largely experimen.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical anti-inflammatory over oral non-steroidal anti-inflammatory drugs (NSAIDs) or other pain relievers for a patient with radicular spinal pain. The patient also has noted gastrointestinal (GI) upset and kidney failure from previous anti-inflammatory, posing an increase or same risk profile with topical formulation without demonstrated extenuating circumstances and indication. Submitted reports have not adequately demonstrated the indication or medical need for this topical anti-inflammatory for this chronic injury of 1997 without documented functional improvement from treatment already rendered. Therefore, this request is not medically necessary and appropriate.