

Case Number:	CM14-0174956		
Date Assigned:	10/28/2014	Date of Injury:	08/10/2014
Decision Date:	12/31/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/22/2014

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 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:

Per the physician report dated 10/10/14, the injured worker is a 31-year old male whom experienced an industrial related injury on 08/10/14 when he was lifting his war bag from his police car into his personal car when he developed severe back pain. He is a [REDACTED] and presented with chronic back pain. He has a history of two previous back injuries on 11/23/12 and 12/05/12. He has not had any therapy and has been taking Naproxen. A lumbar MRI was performed 09/05/14 which showed a 4 mm left paramedian disc herniation at L5-S1, a posterior annular tear at L4-5, degenerative disc disease at L4-5 and L5-S1. The MRI also showed degenerative disc disease at L4-5 and L5-S1 with a herniated disc seen at L5-S1 on sagittal reconstruction in addition to a small disc at L4-5 with an annular tear. Upon physical examination by the physician, he displayed marked limitation in range of motion; he was ambulatory but slow to move due to pain. Treatment recommendations included physical therapy and if he is not successful with this then would recommend an epidural or facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5, L5-S1 Transforaminal ESI with Fluoroscopic Guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back: Epidural Steroid Injection

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic (Acute and Chronic), Epidural steroid injections (ESIs), therapeutic

Decision rationale: Regarding the request for lumbar spine epidural steroid injection, guidelines recommend it as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for use of epidural steroid injections includes: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The request is not reasonable as there is no radiculopathy documented by physical examination and there is lack of documentation of patient was initially unresponsive to conservative treatments prior to this request. The request is not medically necessary.

Local Anesthetic: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary, Lidocaine

Decision rationale: The local anesthetic was intended to be utilized in conjunction with ESI procedure. As ESI was deemed not medically necessary within this same review, there is no reason for anesthetic to be used and the request is not medically necessary.

Valium 5 mg #1 tablet: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary, Valium

Decision rationale: Valium belongs to a group of drugs called benzodiazepines. Guidelines do not recommend long-term use of benzodiazepines due to the unproven efficacy of long term use. Guidelines limit the use to 4 weeks and do not recommend them overall due to rapid development of tolerance and dependence. Therefore request is not reasonable due to lack of guideline support for long term use. The request is not medically necessary.