

Case Number:	CM14-0024264		
Date Assigned:	06/13/2014	Date of Injury:	08/17/2009
Decision Date:	08/11/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/26/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 41-year-old male was reportedly injured on July 17, 2009. The mechanism of injury is described as pushing a trailer. The most recent progress note, dated April 30, 2014, indicates that there are ongoing complaints of low back pain, left shoulder pain, and left flank/wrist pain. Current medications were stated to include naproxen, Flexeril, gabapentin, and MS Contin. These medications are stated to be helpful and well tolerated. The physical examination demonstrated tenderness over the lumbar spine paravertebral muscles and pain with flexion and extension. Lower extremity strength was 5/5 and there was slightly decreased sensation over the lateral left leg. There was a positive left-sided straight leg raise. Diagnostic nerve conduction studies noted a right-sided L5 radiculopathy. An MRI of the lumbar spine showed some spinal root entrapment at L3 - L4. A request was made for naproxen, lumbar epidural steroid injections, and MS Contin and was not certified in the pre-authorization process on February 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR ESI (EPIDURAL STEROID INJECTION) L5 - S1 WITH FLUOROSCOPIC GUIDANCE AND CONSCIOUS SEDATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46 OF 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46 OF 127.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines the criteria for lumbar epidural steroid injection center must be complaints of radicular symptoms corroborated by physical examination and objective studies. A review of all the recent progress notes indicate that none of them including complaint of radicular symptoms by the injured employee. For this reason this request for lumbar epidural steroid injections at L5 - S1 with fluoroscopic guidance and conscious sedation is not medically necessary.

MORPHINE 30 MG 1 BY MOUTH EVERY EIGHT HOURS #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78 OF 127.

Decision rationale: According to the most recent progress note dated April 30, 2014, the injured employee states he has pain relief with the use of MS Contin and it helps his ability to function and perform activities of daily living. However this medication is indicated to be only prescribed once per day at nighttime. It is unclear how the injured employee is able to perform these daytime activities with the benefit of MS Contin if he is taking it at night. For this reason this request for MS Contin is not medically necessary.