

<b>Case Number:</b>	CM14-0025397		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/23/2006
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 41-year-old male who reported an injury on 04/23/2006. The mechanism of injury was repetitive lifting of meal trays as well as locking doors and gates. The injured worker complained of low back pain radiating over the left hip and down the left lower extremity to the foot. Upon physical examination the injured worker was noted with decreased range of motion with bending or extending the back, tenderness to palpation along the lumbar paraspinal muscles and along the lateral left calf and some altered sensation on palpating along the L5 and S1 dermatomes. The injured worker underwent an electromyography/nerve conduction velocity (EMG/NCV) of the lower extremities on 09/26/2007 and on 10/24/2007 a magnetic resonance imaging (MRI) of the lumbar spine. The injured worker was diagnosed with lumbar degenerative disc disease with radiculitis, chronic pain syndrome and moderate right acute S1 lumbar radiculopathy. For treatments the injured worker underwent an epidural steroid injection at L4-L5 on 10/16/2013, completed physical therapy and home exercise program, used the transcutaneous electrical nerve stimulation (TENS) unit and acupuncture. In addition on the physician's progress report dated 10/30/2007 it noted the injured worker received 2 epidural steroid injections in 2006, although the location of each and exact dates were not provided. The injured worker's current medications as of 02/17/2014 was Norco 5/325mg, Naproxen and cyclobenzaprine. The requested treatment plan was to continue with current medications and 3 additional epidural steroid injections at L4-L5. The request for authorization form and rationale for Naproxen was not provided. The request for authorization form for 3 epidural steroid injections at L4-L5 dated 01/24/2014 was provided, the rationale was not included with the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NAPROXEN 500 MG QUANTITY 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The request for Naproxen 500mg quantity 60.00 is not medically necessary. The injured worker has a history of chronic low back pain radiating over the left hip and down the left lower extremity to the foot. Moreover, has treated the pain with medications, physical therapy, epidural steroid injections, acupuncture and a transcutaneous electrical nerve stimulation (TENS) unit. The California MTUS states non-steroidal anti-inflammatory drugs (NSAID) for chronic low back pain are recommended for short-term symptomatic relief. The documentation provided does not indicate the injured workers pain rating with and without the medication, nor does it indicate any functional improvement with the medication. In addition, there is no documentation of the number of tablets to be taken and the frequency the medication was prescribed for. Based on the above notes, the request is not medically necessary.

**THREE EPIDURAL STEROID INJECTIONS AT L4-L5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The request for three epidural steroid injections at L4-L5 is not medically necessary. The injured worker has a history of chronic low back pain radiating over the left hip and down the left lower extremity to the foot and altered sensation on palpating along the L5 and S1 dermatomes. In addition on 09/26/2007 the injured worker underwent and electromyography/nerve conduction velocity (EMG/NCV) of the lower extremities and on 10/24/2007 a magnetic resonance imaging (MRI) of the lumbar spine. Moreover, has treated the pain with medications, physical therapy, epidural steroid injections, acupuncture and a transcutaneous electrical nerve stimulation (TENS) unit. The California MTUS recommends epidural steroid injections as an option for treatment of radicular pain. Part of the criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In addition, no more than two epidural steroid injections are recommended. The injured worker's documentation supports lumbar radiculopathy. However, the documentation noted two epidural steroid injections given in 2006 although the exact date and location given were not noted and a third epidural steroid injection at the L4-L5 on 10/16/2013. The guidelines only recommend a second epidural steroid injection given if documentation supports partial success was produced

with the first. The request for three additional epidural steroid injections exceeds the allowed amount. Based on the above the request is not medically necessary.