MAXIMUS Federal Services

| Case Number: | CM14-0028940 | | |
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| Date Assigned: | 06/27/2014 | Date of Injury: | 07/20/2007 |
| Decision Date: | 07/29/2014 | UR Denial Date: | 03/05/2014 |
| Priority: | Standard | Application Received: | 03/07/2014 |

## 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 Occupational 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:

The applicant is a [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 20, 2007.Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; muscle relaxants; and at least one prior epidural steroid injection in October 2011.In a Utilization Review Report dated March 11, 2014, the claims administrator approved a request for Vicodin while denying a request for epidural steroid injection therapy and Flexeril. A variety of MTUS and non-MTUS Guidelines were cited to deny the epidural steroid injection, including Third Edition ACOEM Guidelines and ODG Guidelines, the former of which the claims administrator apparently mislabeled/misrepresented as originating from the MTUS.The applicant's attorney subsequently appealed.In a September 16, 2013 progress note, the applicant was described as having a flare-up of low back pain. The applicant was given oral prednisone for the same. It was suggested that the applicant was working full time and was apparently planning to travel to [redacted].In a February 18, 2014 progress note, the applicant presented with persistent complaints of low back pain. The applicant apparently had MRI imaging demonstrating degenerative spondylolisthesis as L5-S1 with associated nerve root impingement, it was stated. Positive straight leg raising was noted. In the social history section of the report, it was stated that the applicant was working full time. An epidural steroid injection was sought. It was stated that the applicant had previously improved with an earlier epidural steroid injection. Vicodin and Flexeril were renewed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Epidural steroid Injection Right L5 QTY: 1.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid Injection.

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

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. Repeat blocks, the MTUS notes, should be based on evidence of functional improvement and lasting analgesia with earlier blocks. In this case, the attending provider has posited, on several occasions, that the applicant has demonstrated functional improvement with earlier blocks as evinced by several years of lasting analgesia following an earlier epidural steroid injection and is also evinced by the applicant's successful return to do and/or maintenance of full-time work status, both of which do imply the presence of functional improvement as defined in MTUS 9792.20f following completion of the earlier epidural injection. Therefore, the right transforaminal epidural injection at L5 is medically necessary.

**Transforaminal Epidural steroid Injection Left 5 QTY: 1.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid Injection.

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

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, the attending provider has posited that the applicant has radiculopathy associated with L5-S1 spondylolisthesis generating associated nerve root impingement at the level in question and that the applicant has demonstrated functional improvement with an earlier block as evinced by several years of analgesia and the applicant's successfully maintaining full time work status. All of the above, taken together, do suggest the presence of functional improvement as defined in MTUS 9792.20f through the earlier epidural injection. Therefore, the request for a left L5 epidural steroid injection is medically necessary.

**Flexeril 10mg QTY: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (cyclobenzaprine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using a variety of other agents, including Norco and Arthrotec. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.