

Case Number:	CM14-0034062		
Date Assigned:	06/20/2014	Date of Injury:	12/02/1987
Decision Date:	07/31/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/18/2014

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 Orthopedic Surgery and is licensed to practice 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 69-year-old male maintenance specialist sustained an industrial injury on 12/2/87. The injury occurred when he was lifting a set of plywood risers. Records indicated the patient was diagnosed with lumbar radiculopathy, disseminated intervertebral hyperostosis, and lumbar spine musculoligamentous injury. He was status post three spinal surgeries fusion L2/3, L4/5, and L5/S1. A dorsal column stimulator was placed in 2002. The 1/6/14 neurosurgical consult report cited grade 4-9/10 back pain radiating into both legs with associated weakness and numbness. The lower extremity weakness was compromising the patient's ability to walk long distances. The H-wave had been effective in allowing the patient to walk up to one mile. Physical exam findings documented right lower extremity strength 4/5 in dorsiflexion, plantar flexion, and hamstring. The lower extremity strength was 4/5 in left hip flexion, plantar flexion, and hamstring. There was sensory loss to light touch, pinprick and two point discrimination in both feet. The deep tendon reflexes were absent. The patient could not stand on either leg. Straight leg raise was positive bilaterally. There were severe muscle spasms in the lumbosacral musculature. The pain was increased with extension and lateral rotation of the lumbosacral spine. The patient has had a spinal cord stimulator that was no longer working and required replacement. Removal of the spinal cord stimulator would allow an MRI evaluation of the lumbosacral spine. A 2/24/14 request for epidural steroid injection and Carisoprodol was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection (ESI) QTY: 1.00: 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 injection (ESIs) Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) supports the use of epidural steroid injections as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic studies and the patient should have been unresponsive to conservative treatment. Repeat diagnostic blocks are not recommended if there is inadequate response to the first block. No more than two nerve root levels should be injected using transforaminal blocks. Guideline criteria have not been met. Radiculopathy is not documented by physical exam findings corroborated by imaging findings. There is no documentation that the patient is unresponsive to conservative treatment. There is no specific documentation as to what level(s) are being requested for this injection. There is no documentation of prior epidural steroid injections and benefit. Therefore, this request for one epidural steroid injection is not medically necessary.

Carisoprodol 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants (for pain) Page(s): 29, 63-65.

Decision rationale: The California MTUS does not recommend the use of Soma and state that it is not indicated for long term use. In general, the MTUS recommends the use of non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lower back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Guidelines recommend tapering of Soma individualized for each patient. Guideline criteria have not been met for continued use. Soma has been prescribed for this patient since at least 12/2/11. Tapering of this medication is indicated. Long term efficacy has not been evidenced. The 2/27/14 utilization review modified the request for Carisoprodol 350 mg #60 to Carisoprodol 350 mg #30 to allow for weaning. Therefore, this request for Carisoprodol 350 mg #60 is not medically necessary.