MAXIMUS Federal Services

Case Number:	CM14-0043828		
Date Assigned:	06/20/2014	Date of Injury:	03/09/2004
Decision Date:	07/22/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/17/2014

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, has a subspecialty in Interventional Spine 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 patient is a 56-year-old female with date of injury of 03/09/2004. According to this report, the patient complains of low back pain. The patient has an antalgic gait. She reports feeling a lot better since her last bilateral sacroiliac joint injection on 01/20/2014. She reports feeling fine while standing on her left foot. However, when standing on her right foot, she starts a feeling of pain which radiates across her low back and down the lateral leg to the heels. Her SI joint and right leg are worse at this time with the pain level of 9/10. She continues to take her medication without any adverse side effects. Her medications include Norco and Flexeril. The physical examination shows there is moderate tenderness to palpation diffusely over the lumbosacral region and left upper thigh with severe TTP over the paraspinal musculature from L2 to L5 and extending to the bilateral SI joints. There is a positive bilateral straight leg raise eliciting bilateral S1 pain. There is a positive and severe bilateral Patrick's test. Lumbar flexion is limited to 20 degrees and return to usual elicits moderate pain. Lumbar rotation to 10 degrees bilaterally elicits severe SI joint. Dysesthesia was noted along the lower half of the lateral calves and feet. The utilization review denied the request on 03/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right L4-5 and L5-S1 transforaminal epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injection Section, pages 46-47.

Decision rationale: This patient presents with chronic low back pain. The treater is requesting right L4-L5 and L5-S1 transforaminal epidural steroid injection. The MTUS Guidelines page 46 and 47 on epidural steroid injections recommends this option for treatment of radicular pain (defined this pain in a dermatomal distribution with corroborative findings on MRI). Furthermore, no more than 2 nerve root levels should be injected using transforaminal blocks. The MRI of the lumbar spine dated 12/27/2013 showed a broad-based annular bulge with effacement of the ventral thecal sac and minimal foraminal narrowing bilaterally involving the lateral recess of the foramina at L4-L5. The progress report dated 02/26/2014 states that the patient "reports feeling lots better since last bilateral sacroiliac joint injection. She reports that her low back pain level is reduced from 08/10 to 10/10 to 5/10." In this case, the patient has right leg symptoms in a dermatomal distribution, what appears to be in an L5 nerve distribution. Exam showed positive SLR and MRI showed findings at L4-5 that may explain the patient's leg symptoms. Trial of transforaminal ESI for both therapeutic and diagnostic injection would appear reasonable and medically necessary.

One prescrption of Pennsaid 1.5% #1 bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesic Section, page 111.

Decision rationale: This patient presents with chronic low back pain. The treater is requesting prescription of Pennsaid 1.5% #1 bottle. The MTUS Guidelines page 111 on topical NSAIDs states that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Furthermore, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Pennsaid contains diclofenac, a nonsteroidal antiinflammatory drug (NSAID). It works by reducing hormones that causes inflammation and pain in the body. It is used to treat pain in the knees caused by osteoarthritis. The progress report dated 02/26/2014 notes, "For prescription issued at last visit of Pennsaid solution 1.5%, patient to apply 10 drops over each SI joint topically q.i.d., #1 bottle, to establish consistent NSAID therapy topically due to patient's history of gastric ulcers." In this case, the treater has prescribed this medication for use in the SI joint due to the patient's history of gastric ulcers. However, the MTUS Guidelines do not support the use of topical NSAIDs for the treatment of osteoarthritis of the spine, hip or shoulder. The request is not medically necessary.