

Case Number:	CM14-0045982		
Date Assigned:	07/02/2014	Date of Injury:	09/29/2008
Decision Date:	08/18/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 38-year-old female who reported an injury on 09/29/2008. The mechanism of injury was not specifically stated. Current diagnoses include lumbar spine sprain/strain, lumbar facet syndrome, lumbar radiculopathy, and history of depression. The injured worker was evaluated on 02/20/2014 with complaints of persistent back pain. Previous conservative treatment includes physical therapy and bilateral L5-S1 transforaminal epidural steroid injections on 07/25/2013. Current medications include Norco 10/325mg, Naproxen, and Laxacin. Physical examination revealed limited lumbar range of motion, lumbar paraspinous tenderness, facet joint tenderness, diminished strength in the left lower extremity, and intact sensation. Treatment recommendations included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line option after Acetaminophen. The injured worker has continuously utilized Naproxen 500mg for an unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Transforaminal lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the documentation submitted, the injured worker demonstrated negative straight leg raising and intact sensation upon physical examination. It is also noted that the injured worker underwent electrodiagnostic studies on 04/09/2013, which indicated no evidence of radiculopathy. The injured worker has been previously treated with epidural steroid injections in 07/2013. However, there was no documentation of objective functional improvement. The specific levels at which the epidural steroid injection will be administered was not listed in the current request. As such, the request is not medically necessary.