

Case Number:	CM14-0051868		
Date Assigned:	07/07/2014	Date of Injury:	01/22/2003
Decision Date:	08/29/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/21/2014

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 and is licensed to practice in Nevada. 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 claimant is a 60-year-old female who reported an injury on 1/22/2003. The mechanism of injury was not listed in records provided for review. The most recent progress note, dated 4/29/2014, indicated that there were ongoing complaints of low back pain that radiated into the bilateral lower extremities. The physical examination demonstrated lumbar spine positive spasm bilateral paraspinal muscles, positive tenderness to palpation bilateral paravertebral muscles at L3-L5, pain with range of motion and decreased sensation bilaterally along the L3-L5 dermatomes. There was also decreased muscle strength bilaterally along the L3-L5 dermatomes. There were no recent diagnostic studies available for review. Previous treatment included injections, medications, and conservative treatment. A request was made for a lumbar epidural steroid injection at level L3-L5 under fluoroscopy, and Tylenol #3 300/30 mg #120 and was not certified in the pre-authorization process on 4/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 transforaminal lumbar epidural injection at L3-5 under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 & 309, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Fluoroscopic Guidance.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines. Page 46. The Expert Reviewer's decision rationale: MTUS guidelines support epidural steroid injections when radiculopathy is documented and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there was at least 50% improvements of pain regarding 6-8 weeks after last injection. The authorization appeal dated 4/29/2014 noted that the treating physician did state the claimant had a 50% improvement in pain. However, after reviewing the medical documentation, this report provided her pain level as 6/10 and 8/10 on the visual analog scale. As such, in accordance with the MTUS guidelines, the injured worker does not meet the criteria for a repeat injection based on the documentation that was submitted for review. This request is deemed not medically necessary.

Tylenol No.3 300/30mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 35.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines. Page 35. The Expert Reviewer's decision rationale: Tylenol with codeine is recommended as an option for mild to moderate pain, as indicated below. Codeine is a Schedule C-II controlled substance and is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. Codeine is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain. After review of the medical documentation provided, there is no documentation stating the effects of this medication as far as improvement in function and decrease in pain. The patient still has pain rated 7/10 and 9/10 on the visual analog scale. Therefore, the injured worker's pain is poorly controlled, and continued use of this medication is questionable. The request is deemed not medically necessary.