

Case Number:	CM14-0057236		
Date Assigned:	07/09/2014	Date of Injury:	04/12/2011
Decision Date:	09/03/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/28/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 52 year old female who was injured at work on 04/12/2011. She was walking backwards in the dark during her night shift in a client's room when she tripped on the privacy screen, and fell backwards and landed on her right side over the privacy screen. On arrival at the hospital the next morning, X-ray revealed fracture of the right fifth metatarsal. She was taken off work, placed on a splint; but later her right foot was casted for four weeks and eventually she was given a boot. She did not receive treatment for other injuries. She had right foot surgery in 09/2012, and another surgery for the removal of hardware. Lumbar MRI of 12/04/2011 revealed L5-S1 grade 1 Spondylolisthesis, bilateral S1 nerve root impingement, and moderate facet arthropathy. Although she received therapy after the foot surgery, it was much later that she received therapy for her lower back pain, and subsequently steroid injections. She had 75% improvement of her Left leg pain and 40% improvement of left foot pain after Left L5-S1 epidural steroid injection on 06/ 15/12. There was no change in the low back pain. Diagnostic Lumbar sympathetic block provided 80% improvement of pain by 3rd week, but about 20 % improvement in about one month. She had another L5-S1 epidural injection in 08/2012, but the level of improvement was not documented. She declined surgery due to personal reasons. Currently, she complains of low back pain and pain in her right foot and leg. Her physical examination revealed limited range of motion of the lumbar spine, together with tenderness and spasms. She is noted to have healed scar on her right fifth toe. She is being treated for Lumbar radiculopathy, Lumbar disc protrusion, Lumbar spondylolisthesis, Sural nerve neuropathy, complex regional pain syndrome; and Adjustment Disorder. She is on Sonata for sleep and Ativan for anxiety. Her other medications are Norco 10/325, Ambien, Omeprazole, Narcosoft and Sentra. The request for Lumbar Transforaminal epidural steroid injections under fluoroscopy at L5 & S1 right (x2); and for Ambien 10mg #30 is in dispute.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural steroid injections under fluroscopy at L5 & S1 right (x2):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter: Epidural steroid injections.

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

Decision rationale: Although the MRI supports the presence of Lumbar radiculopathy, the medical report indicated the injured worker had 75 % improvement in her left leg , and 40% improvement of her left foot after the first epidural injection. At that time no change in pain level was noted for the lower back. The worker had one week improvement to lower back pain after second injection, though the percentage improvement was not reported. The MTUS recommends that therapeutic blocks may be repeated when there is objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation. Therefor the request is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011) Stress related Conditions, Online edition, . <http://apgi.acoem.org/Browser/Section.aspx?cid=9&sid=137>, 08/26/14 >.

Decision rationale: The records reviewed do not state how long the injured worker has been on Ambien. The ACOEM guidelines recommends against the use of anxiolytics as a first-line agent for the management of stress-related conditions to avoid dependence, and the fact that they do not alter stressors or the individual's coping mechanisms. When used, it is advised they be used for brief periods for overwhelming symptoms that interfere with daily functioning or to achieve a brief alleviation of symptoms to allow the patient recoup emotional or physical resources. Therefore the request is not medically necessary.