

<b>Case Number:</b>	CM14-0072353		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/14/2009
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Pain Management 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 injured worker is a male patient with the date of injury of September 14, 2009. A Utilization Review was performed on April 17, 2014 and recommended non-certification of Celebrex 200mg, #60 (w/1 refill) resampled between 4/15/2014 and 6/14/2014 and 1 bilateral transforaminal epidural steroid injection at L4-L5 levels (to be performed at Inland Interventional Medical Assoc. 909-758-0411) between 4/15/2014 and 5/30/2014. A Pain Management Reevaluation/Follow up Visit dated April 10, 2014 identifies History of Present Illness of increased low back pain which radiates down posterior aspect of the legs to the knees. Numbness, tingling and burning is noted after prolonged sitting. Pain is increased with standing, lifting, and sitting. Physical Examination identifies increased baseline low back pain with increased radicular pain, at mid lumbar spine now. Positive straight leg raise again and decreased patellar tendon reflex noted. Positive crepitus on ROM. Diagnoses identify degenerative lumbar/lumbosacral intervertebral disc, lumbago, thoracic/lumbosacral neuritis/radiculitis unspecified, and unspecified myalgia and myositis. Treatment Plan identifies continue Celebrex 200mg bid #60, resampled and bilateral L4, 5 TFE.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 and 30 of 127.

**Decision rationale:** Regarding the request for Celebrex, Chronic Pain Medical Treatment Guidelines state that Celebrex may be considered if the patient has a risk of GI complications. Within the documentation available for review, there is no identification of a high risk of GI complications. There is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the request for Celebrex 200mg #60 with one refill is not medically necessary and appropriate.

**Bilateral transforminal ESI(Epidural Steroid Injections) @ L4-L5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 of 127.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Within the documentation available for review, there are no recent objective examination findings supporting a diagnosis of radiculopathy. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested Bilateral transforminal ESI (Epidural Steroid Injections) at L4-L5 is not medically necessary.