

Case Number:	CM14-0075185		
Date Assigned:	07/16/2014	Date of Injury:	09/30/2008
Decision Date:	09/10/2014	UR Denial Date:	04/26/2014
Priority:	Standard	Application Received:	05/22/2014

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 Family Practice 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 50 year old female who sustained a work injury on 10/28/13 involving the low back. She diagnosed with lumbar facet syndrome, chronic degenerative disk disease and spondylosis. She underwent radiofrequency lumbar facet neurotomy of L1-L3 in March 2014. A progress note on 3/19/14 indicated the claimant had been using Duragesic patches, Norco, Zanaflex and Tramadol for pain. There was continued spinal pain and reduced range of motion. Straight leg raise was negative. The treating physician requested continuing a home exercise program along with current medications and ice/rest. A subsequent request was made for a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar transforaminal ESI Lumbar 3-4, Lumbar 4-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. Epidural Steroid Injections may

provide short-term improvement for nerve root compression due to a herniated nucleus pulposus. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The claimant already had a radiofrequency neurotomy. The request therefore is not medically necessary for a lumbar epidural injection.

Tramadol 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 90-92.

Decision rationale: According to the MTUS guidelines, Ultram (Tramadol) is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as Acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. The claimant had been on numerous opioids. There is no one opioid that is superior to another. The response to pain on Tramadol as well as length of prior use is unknown. The continued use is not justified and therefore not medically necessary.