

Case Number:	CM14-0083886		
Date Assigned:	07/21/2014	Date of Injury:	10/10/2006
Decision Date:	09/18/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/05/2014

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 Texas and Ohio. 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 61-year-old female who reported an injury on 10/10/2006. The mechanism of injury was not provided for clinical review. The diagnoses included low back and bilateral lower extremity radicular symptoms, L3-4 spondylolisthesis, and L4-5 degenerative disc disease or foraminal stenosis. The previous treatments included medication, epidural steroid injection, and physical therapy. In the clinical note dated 06/25/2014, it was reported the injured worker complained of increasing low back pain and lower extremity pain. The injured worker described the pain as burning, electrical, lancinating pain with numbness and tingling affecting both lower extremities. She reported the pain radiated posterolaterally down her lower extremity to the level of the ankle. The injured worker complained of weakness and difficulty with standing, sitting, and walking. Upon physical examination, the provider noted the injured worker had tenderness to palpation of the midline lumbar spine from L4-S1 with 1+ muscle spasms. The injured worker's range of motion of the lumbar spine was flexion at 35 degrees and extension at 5 degrees. The injured worker had a positive straight leg raise. The provider noted the injured worker had 5/5 muscle strength. The provider requested Celebrex and epidural steroid injections. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 Mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-67.

Decision rationale: The request for Celebrex 200 Mg #30 is not medically necessary. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Bilateral L5-S1 Transforaminal Epidural Steroid Injection Under Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS).

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

Decision rationale: The request for bilateral L5-S1 Transforaminal Epidural Steroid Injection under Fluoroscopic Guidance is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic study testing, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs, and muscle relaxants. The guidelines recommend if epidural steroid injections are used for diagnostic purposes, a maximum of 2 injections should be performed. There is a lack of documentation of the imaging studies to corroborate the diagnosis of radiculopathy. There is a lack of documentation to indicate the injured worker had been unresponsive to conservative treatment. There is a lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. Therefore, the request is not medically necessary.