

Case Number:	CM13-0017560		
Date Assigned:	10/11/2013	Date of Injury:	05/13/2008
Decision Date:	01/02/2015	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/27/2013

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 61 year old female with a work injury dated 5/13/08 . The diagnoses include lumbar disc displacement without myelopathy; postlaminectomy syndrome of lumbar region; thoracic or lumbosacral neuritis or radiculitis. Under consideration is a request for a right L4-L5 transforaminal epidural steroid injection; Prilosec and Flexeril. There is a 2/27/13 document that states that the patient's last epidural injection was done in 9/07/11 and was an L4-L5 transforaminal epidural steroid injection and she states that she is traumatized from the experience and does not want to continue any injections and wants to continue conservative therapy. A 3/2/8/13 document states that the patient continues to complain of chronic radicular low back pain with radiation down her legs, worse on the right side. Not much has changed. She states she would like another lumbar epidural steroid injection however it was documented that it did not provide relief for her in the past. Additionally she states that it did not help her much. The provider states that it does not seem that another epidural steroid injection is indicated right now. There is a 7/24/13 document that states that the patient states her back feels the same generally but had a day where she experienced sharp pains for one day then it resolved. After she walks too much her pain is increased and she needs to take 3 pain pills per day. Her sleep continues to be poor; she is not on a regular sleeping schedule and takes naps during the day which affects her sleep. Her functioning is the same. Her pain is 7/10 and goes up to 8/10. In the evening after she cooks dinner her pain is 8-9/10. Her meds include Norco, Prilosec, and Cymbalta. On physical exam the straight leg raise is positive on the right and Lasegue's is positive on the right and negative on the left. There is diminished ROM of the lumbar spine and motor is 5/5 bilateral LE. Reflexes are 1+ at the knees and 1+ at the ankles. The request states that she continues to complain of chronic radicular low back pain with radiation down the back

of her right leg which is confirmed on physical exam. Not much has changed with her pain she walks every day which is why her pain level remains high. She had a laminectomy in 2009 but unfortunately continues to experience moderate to severe pain at times. Even with the increase in medications (Norco and Cymbalta), she continues to have breakthrough pain which requires her to stop what she is doing and lie down. There is a request for a right L4-L5 transforaminal injection. MRI of the lumbar spine revealed loss of disc space signal at multiple levels. 2. L4/5 shows Grade I spondylolisthesis as manifest by 3-4mm anterior displacement of L4 on L5 plus subluxed facet joints. Left foramen shows mild reduction. Right foramen shows borderline stenosis vs. moderate stenosis due to inferior foraminal disc bulging and endplate osteoarthritic ridging reducing foraminal dimension (from interior aspect). There is moderate stenosis central canal, circumferential constriction of thecal sac very likely. Also noted is 3mm (or greater) disc protrusion or herniations with associated endplate osteoarthritic ridging rolled up in the offset between posterior margins of interior L4 endplate and superior L5 endplate. 3. L5/S1 shows disc protrusion or herniations with associated endplate osteoarthritic ridging minimally indenting thecal sac, if at all.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 Transforaminal Epidural Steroid Injection (ESI): Upheld

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

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

Decision rationale: The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Furthermore, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The documentation indicates that the patient has had prior injection but there is no evidence of functional improvement with 50% pain relief and an associated medication reduction from this injection. The physical exam findings are not in a specific radicular distribution. Therefore, based on guidelines and a review of the evidence, the request for Right L4-L5 Transforaminal Epidural Steroid Injection is not medically necessary.

Prilosec 20mg twice a day #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI & Cardiovascular Risk..

Decision rationale: The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the retrospective request for Prilosec 20mg is not medically necessary.

Flexeril 5mg 1 tablet by mouth every night 300: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Page(s): 41-42, 64.

Decision rationale: The guidelines state that Flexeril (Cyclobenzaprine) is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine. There is no evidence of functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Flexeril is not medically necessary.