

Case Number:	CM14-0188678		
Date Assigned:	11/19/2014	Date of Injury:	08/17/2012
Decision Date:	01/07/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/12/2014

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 Medicine, and is licensed to practice in New Jersey & New York. 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 50 year-old female who was injured on 8/17/12. She complained of back and neck pain. On exam, she had limited range of motion with no focal neurological deficits. A cervical x-ray showed mild-to-moderate degenerative disc disease at C5-6 with mild bilateral neural foraminal narrowing. A lumbar x-ray showed minimal multilevel degenerative spondylosis, most pronounced at L3-4. A 4/2013 MRI showed degenerative lumbar disc disease with spinal stenosis. She was diagnosed with lumbar disc displacement, lumbar stenosis, facet syndrome, and cervical degenerative disc disease. She had a left trapezial trigger point injection. In 5/2014, she had a transforaminal left L3-4 and L4-5 Epidural Steroid Injection and left L3-4 and L4-5 facet block under imaging due to left sided back pain. Her left leg pain improved but returned and states that buttocks and posterior thigh pain have returned. There was overall improvement of 30-40%. She continues a home exercise program and returned to work with no restrictions. Her medications include Xanax, Flexeril, and ibuprofen. The current request is for repeat Epidural Steroid Injection under fluoroscopy, and continued use of Flexeril and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Transforaminal Lumbar Epidural Steroid Injection left L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

Decision rationale: The request for repeat ESI is not medically necessary according to MTUS guidelines. The patient had previous injection with 30-40% improvement. According to guidelines, there must be at least 50% pain relief with reduction in medication usage and objective improvement in pain and functional capacity. There was no documentation to support improvement in function. Radiculopathy also must be documented by exam and corroborated by imaging or electrodiagnostic studies. As per the chart, the patient did not have any neurological deficits on exam. Therefore, the request is considered not medically necessary.

Repeat Transforaminal Lumbar Epidural Steroid Injection left L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

Decision rationale: The request for repeat ESI is not medically necessary according to MTUS guidelines. The patient had previous injection with 30-40% improvement. According to guidelines, there must be at least 50% pain relief with reduction in medication usage and objective improvement in pain and functional capacity. There was no documentation to support improvement in function. Radiculopathy also must be documented by exam and corroborated by imaging or electrodiagnostic studies. As per the chart, the patient did not have any neurological deficits on exam. Therefore, the request is considered not medically necessary.

Fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

Decision rationale: The request for fluoroscopic guidance is not medically necessary as the requests for Epidural Steroid Injections are not medically necessary. ESI should be performed using fluoroscopy for guidance as per MTUS guidelines.

Ibuprofen 800mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for Naproxen is medically unnecessary. NSAIDs are recommended at the lowest dose for the shortest duration. The patient's neck and lumbar pain have been treated with NSAIDs, but there was no documentation of objective functional improvement. NSAIDs come with many risk factors including renal dysfunction and GI bleeding. Therefore, long-term chronic use is unlikely to be beneficial. Because of these reasons, the request is not medically necessary.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41 and 42.

Decision rationale: The use of Flexeril for cervical and lumbar pain is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The patient has been using it for an extended period of time for cervical and lumbar pain. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. This muscle relaxant is useful for acute exacerbations of chronic lower back pain. Therefore, continued chronic use is not medically necessary.