

Case Number:	CM14-0193822		
Date Assigned:	12/01/2014	Date of Injury:	08/22/2013
Decision Date:	01/14/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/19/2014

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 Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 case involves a female injured worker who sustained an injury on 08/22/2013 to her low back while lifting while working as a Stocker. Treatments included medications and physical therapy. Per the progress note dated 04/11/2014, the injured worker was having low back pain radiating into the legs with the pain rated at 4-5/10 with medications. Physical examination findings included lumbar spine tenderness with decreased range of motion; straight leg raising was negative; and normal strength, sensation, and reflexes. Imaging results were reviewed with findings of severe L5-S1 degenerative disc disease with facet arthropathy and bilateral foraminal stenosis. Authorization for a lumbar brace and epidural injection were requested. A Toradol injection was administered. On 07/17/14, the injured had run out of medications rating the pain at a 10/10 and noting an increase in muscle spasms. Her medications were refilled. On 10/21/14, she had completed six therapy treatment sessions without significant benefit. There had been some improvement with use of the lumbar brace. Physical examination findings included lumbar spine tenderness with muscle spasm and decreased range of motion. There was a positive right straight leg raise. Naprosyn and tramadol were refilled. On 11/25/14, the injured was having ongoing symptoms and continued to use the lumbar brace. Tramadol 50 mg #60 and Naprosyn 500 mg #60 were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 45.

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

Decision rationale: The injured worker is more than one year status post work-related injury and continues to be treated for low back pain radiating into the legs. Imaging has shown severe degenerative disc disease with foraminal stenosis and the requesting provider documents positive straight leg raising. Conservative treatment has included physical therapy without benefit. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the injured worker's treating physician has documented positive neural tension signs and imaging has shown findings consistent with the presence of radiculopathy. Prior conservative treatments have included physical therapy and medications. Based on the medicals, the criteria for an epidural steroid injection have been met. Therefore, this request is medically necessary.

Tramadol 50mg #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The injured worker is more than one year status post work-related injury and continues to be treated for low back pain radiating into the legs. Imaging has shown severe degenerative disc disease with foraminal stenosis and the requesting provider documents positive straight leg raising. Conservative treatments have included physical therapy without benefit. Tramadol is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the injured worker's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the injured worker's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day, which is consistent with guideline recommendations. Therefore, this request is medically necessary.