

Case Number:	CM15-0003573		
Date Assigned:	01/16/2015	Date of Injury:	12/01/2012
Decision Date:	03/17/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old female, who sustained a work related injury on 12/1/12. She has reported that she injured her feet and low back due to repetitive standing and walking. The diagnoses have included plantar fibromatosis, tenosynovitis foot/ankle, lumbosacral neuritis, chronic pain syndrome, lumbago, and osteoarthritis. Treatment to date has included 20 physical therapy sessions, MRI lumbar spine, MRIs of right and left feet, epidural steroid injection, oral medications and cortisone injections into feet. In a PR-2 dated 11/26/14, the injured worker complains of bilateral feet pain and low back pain. She rates the pain a 7/10. Pain is made worse with activity. She states pain is better with ice and medications. She has pain that radiates down right leg. She is noted to be allergic to Tizanidine. It is noted that she had a previous epidural steroid injection which gave her a 50% decrease in pain for 4-6 months. On 12/8/14, Utilization Review non-certified a request for outpatient right L5-S1 transforaminal epidural steroid injection (ESI) under fluoroscopy, noting there is no documentation as to when the last epidural injection was done or any benefits or pain relief obtained from it. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 12/8/14, Utilization Review non-certified a pharmacy request for Tizanidine 4mg. #30, 3 refills noting the "documented note indicates the claimant is allergic to Tizanidine." The California MTUS, ACOEM Guidelines, and ODG were cited. On 12/8/14, Utilization Review certified a prescription request for Norco 10/325mg. #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 transforaminal epidural steroid injection under fluoroscopy.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: Page 46, 2010 Revision, Web Edition

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

Decision rationale: The patient presents with pain affecting the lumbar spine and bilateral feet. The current request is for Right L5-S1 transforaminal epidural steroid injection under fluoroscopy. The treating physician documented that the patient had a 50% pain reduction since the last ESI and states, The patient has recurrence of radicular pain. I recommend right L5-S1 transforaminal epidural steroid injection under fluoroscopy. The patient has symptoms of radicular pain with MRI findings consistent with the clinical presentation. The MTUS guidelines state, "In the therapeutic phase, 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, with a general recommendation of no more than 4 blocks per region per year." In this case, the treating physician has documented that the patient received a reduction in pain but did not state if the patient was able to reduce medication intake or if the patient had any functional improvement. The current request is not medically necessary and the recommendation is for denial.

Tizanidine 4mg #30 (3 refills).: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The patient presents with pain affecting the lumbar spine and bilateral feet. The current request is for Tizanidine 4mg #30 (3 refills). The treating physician states in their 11/26/14 report that the patient is allergic to Tizanidine. MTUS supports Tizanidine for low back pain, myofascial pain and for fibromyalgia for short term use. In this case, the treating physician has prescribed a medication which is listed as allergenic for the patient. The current request is not medically necessary and the recommendation is for denial.