

Case Number:	CM15-0143407		
Date Assigned:	08/04/2015	Date of Injury:	12/12/2014
Decision Date:	09/01/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/23/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 52-year-old male who sustained a work related injury December 12, 2014. While working on a ranch, a tree fell on his back. Past history included a possible microdiscectomy 20 years ago, and asthma. An MRI of the lumbar spine, dated December 18, 2014 (report present in the medical record) revealed multilevel spondylosis; L1-2 broad 4mm central right paracentral protrusion, mildly narrowing right lateral recess; L4-5 broad left paracentral lateral 4mm protrusion, mildly narrowing lateral recess; L5-S1 markedly degenerated disc, with predominately lateral bulges-spurs, mildly narrowed foramina. According to a physician's progress report, dated July 6, 2015, the injured worker presented with ongoing bilateral lower back pain and bilateral leg pain, rated 8-9 out of 10. He reports two to three weeks of good pain control with the last epidural injection, approximately three months ago. Examination of the lumbar spine revealed; gait is normal, tenderness to palpation right lumbar paraspinal L4-L5 region, and straight leg raise positive in the right L5 distribution. Sensation is grossly intact throughout the L2-S1 dermatomes. Assessment is documented as multilevel degenerative disc disease with bilateral L5 radiculopathy; lumbago; myofascial pain. Treatment plan included an adjustment in medication and at issue, a request for authorization for L5-S1 interlaminar epidural steroid injection and Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) L5-S1 interlaminar epidural steroid injection under fluoroscopic guidance:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

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

Decision rationale: MTUS Guidelines differentiate between a 2nd epidural and further additional epidural injections. This individual had a 1st (initial) epidural due to L5 radiculopathy (dermatome diminished sensation plus consistent MRI findings) and reported short term benefit. The Guidelines state that if some benefit was experienced with an initial epidural a 2nd epidural is supported. After the 2nd epidural, the standards to support a 3rd or additional epidurals is significantly more stringent. Under the circumstances that this is a request for a 2nd epidural, the request is consistent with Guidelines and is medically necessary.

Baclofen 10 mg: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: MTUS Guidelines generally do not support the long-term use of muscle relaxants. However, the Guidelines allow for short-term use during flare-ups if they are very beneficial. The Guidelines also point out an exception that applies to Baclofen i.e. may be useful for neuropathic pain which this individual has. Under these circumstances, a trial of Baclofen 10mg is supported by Guidelines and is medically necessary. This can be re-reviewed if there is an apparent lack of benefits.