MAXIMUS Federal Services

Case Number:	CM15-0166282		
Date Assigned:	09/03/2015	Date of Injury:	05/22/2013
Decision Date:	10/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female who sustained an industrial injury on 05-22-2013 when she was hit in the back by a mobile forklift. The injured worker was diagnosed with lumbar degenerative disc disease with radiculopathy, lumbar discogenic pain and depression. The injured worker is status post lumbar facet joint medial branch block at 6 levels followed by radiofrequency ablation on August 29, 2014. Treatment to date has included diagnostic testing, physical therapy, lumbar epidural steroid injections, diagnostic branch block, radiofrequency ablation, psychiatric evaluation, home exercise program and medications. According to the primary treating physician's progress report on August 10, 2015, the injured worker continues to experience mid and low back pain radiating to the right leg. The injured worker was able to discontinue opiate medications. The injured worker rated her pain level at 4-5 out of 10 with over the counter medication and Lidoderm patches and 9 out of 10 on the pain scale without medications. Examination demonstrated mild tenderness to palpation in the upper trapezius, thoracic and lumbar paraspinal muscles with functional range of motion. Sensation, motor strength and deep tendon reflexes were intact. Slump test was mildly positive bilaterally. The injured worker was noted to have a forward flexion of the head with shoulder protracted anteriorly forward. Current medications were listed as Ibuprofen and Lidoderm patches. Treatment plan consists of continuing with physical therapy and home exercise program, Ibuprofen and patches, follow-up with psychiatrist and the current requests for bilateral L5-S1 epidural steroid injection and Lidoderm 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient bilateral L5/S1 epidural steroid injection: 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 Criteria for the use of Epidural steroid injections, Page(s): 46.

Decision rationale: The claimant sustained a work-related injury in May 2013 and is being treated for aching mid and low back pain with right lower extremity radiating symptoms after being struck by a forklift. An MRI of the lumbar spine in July 2015 is referenced as showing an L5-S1 disc bulge with high intensity zone signal consistent with a possible annular tear. When seen, there was a forward flexed posture. There was mild paraspinal muscle tenderness. There was mildly positive slump testing. There were no neurological deficits recorded. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that support a diagnosis of radiculopathy and no reported neural compromise by recent imaging. The requested epidural steroid injection was not medically necessary.

Lidoderm 5% #30: 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 (1) Lidoderm (lidocaine patch), (2) Topical Analgesics, Page(s): 56-57, 111-113.

Decision rationale: The claimant sustained a work-related injury in May 2013 and is being treated for aching mid and low back pain with right lower extremity radiating symptoms after being struck by a forklift. An MRI of the lumbar spine in July 2015 is referenced as showing an L5-S1 disc bulge with high intensity zone signal consistent with a possible annular tear. When seen, there was a forward flexed posture. There was mild paraspinal muscle tenderness. There was mildly positive slump testing. There were no neurological deficits recorded. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for post herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post herpetic neuralgia. In this case, other topical treatments could be considered. Lidoderm was not medically necessary.