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| Case Number: | CM15-0023557 | | |
| Date Assigned: | 02/13/2015 | Date of Injury: | 02/14/2007 |
| Decision Date: | 04/08/2015 | UR Denial Date: | 01/26/2015 |
| Priority: | Standard | Application Received: | 02/09/2015 |

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, Arizona

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 48-year-old female who reported injury on 02/14/2007. The mechanism of injury was not provided. Diagnoses included lumbar spine strain, radiculopathy, stenosis and degeneration of the lumbar disc. The prior treatments include 3 epidural steroid injections, physical therapy and medications. The injured worker underwent an x-ray of the lumbar spine and an MRI of the lumbar spine. The documentation of 12/01/2014 revealed the injured worker had low back and neck pain. The injured worker indicated the Norflex was taken once per day. The injured worker indicated she was awaiting authorization for a right epidural steroid injection. The injured worker's current medications include Norco 10/325 mg, ibuprofen 800 mg and Norflex 100 mg, as well as Lidopro cream. The prior therapies, per the physician documentation, included 3 epidural steroid injections with moderate relief. The injured worker indicated the third epidural steroid injection made her feel like her right leg was giving out. The physician documentation indicated the injured worker underwent physical therapy and chiropractic care. The injured worker had complaints of pain in the low back with radiation into the right lower extremity to the posterior portion of the knee. The physical examination revealed tenderness to palpation over the right paraspinal musculature and mild tenderness in the left lumbar musculature. The injured worker had decreased range of motion. The injured worker had decreased sensation at L5 and S1 dermatomes on the right. The right EHL, PF and eversion were 4+/5 and the right TA was 4+/5. The inversion was 5-/5. The strength in the upper extremity was 5-/5. The straight leg raise was positive on the right at 70 degrees with symptoms radiating to the ankle. The documentation indicated the injured worker had EMG and NCS of

the bilateral lower extremities, on 02/06/2014, which was normal. The treatment plan included an epidural steroid injection on the right at L5-S1 instead of proceeding to surgery. The injured worker indicated she had 30% relief with the first epidural. The injured worker was provided Norflex 100 mg #60 once a day. There was a Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100 MG 1 Tab Every Day #60: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional benefit. There was a lack of documentation of exceptional factors. Additionally, as the medication was noted to be utilized once per day, there was a lack of documentation indicating a necessity for 60 tablets. Given the above, the request for Norflex 100 MG 1 tab every day #60 is not medically necessary.

Transforaminal Epidural Steroid Injection Right L5 and S1: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend epidural steroid injections for documentation of radiculopathy that is corroborated by electrodiagnostic studies or MRI findings, and that has been refractory to NSAIDs, muscle relaxants, exercises and physical medicine treatment. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination; however, there was a lack of corroboration with electrodiagnostic as the electrodiagnostic studies were within normal limits. There was a lack of documentation of a failure of recent conservative care, including NSAIDs, muscle relaxants, physical medicine and exercise. Given the above, the request for transforaminal epidural steroid injection right L5 and S1 is not medically necessary.

