MAXIMUS Federal Services

Case Number:	CM15-0027521		
Date Assigned:	02/19/2015	Date of Injury:	10/31/2000
Decision Date:	04/07/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/13/2015

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: 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 70 year old female, who sustained an industrial injury on 10/31/2000. She has reported low back pain radiating down the legs. The diagnoses have included lumbar radiculopathy; reflex sympathetic dystrophy of the lower limb; and complex regional pain syndrome, right knee. Treatment to date has included medications, TENS (transcutaneous electrical nerve stimulation) unit, and lumbar epidural steroid injection. Medications have included Ultram, Soma, and Lidoderm patches. A progress note from the treating provider, dated 02/09/2015, documented a follow-up visit with the injured worker. The injured worker reported chronic low back pain radiating down the legs, alternating between the left and right leg; pain is rated at 9/10 on the visual analog scale; and persistent right knee pain. Objective findings included moderate lumbosacral tenderness to palpation bilaterally with spasms; lower extremity strength decreased bilaterally; and right knee with moderate tenderness and soft tissue swelling. The treatment plan has included request for prescription medications and lumbar transforaminal epidural steroid injection. On 02/12/2015 Utilization Review non-certified a prescription for One lumbar transforaminal epidural steroid injection; and a Prescription of Soma 350 mg, #60 with 2 refills. The CA MTUS was cited. On 02/13/2015, the injured worker submitted an application for IMR for review of a prescription for One lumbar transforaminal epidural steroid injection; and a Prescription of Soma 350 mg, #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar transforaminal epidural steroid injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: Per the 02/09/15 report the patient presents with continued lower back pain radiating down the legs rated 9/10. The current request is for ONE LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION per the 02/10/15 RFA. The report does not state if the patient is currently working. MTUS pages 46 and 47 state that Epidural Steroid Injections are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. MTUS further states that for diagnostic purposes a maximum of two injections should be performed. For the therapeutic phase, repeat blocks should be based on continued documented pain and functional improvement. The treater states this request is for L4-5 to help alleviate low back pain and lumbar radiculopathy. Examination shows positive bilateral straight leg raise and the patient has a diagnosis of lumbar radiculopathy. The 02/04/15 CT Lumbar provides an impression of possible left lateral recess narrowing at L4-5, consider MRI. No MRI studies are included or cited. The patient received a lumbar ESI 02/04/15 that provided 50% pain relief for 7 months. In this case, imaging reveals possible left lateral stenosis and this request does not specify ESI on the left; however, the patient's symptoms are alternating left leg, right leg radiating pain. Prior ESI at L5-S1 provided significant relief. The request IS medically necessary.

Prescription of Soma 350mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66, 29.

Decision rationale: Per the 02/09/15 report the patient presents with continued lower back pain radiating down the legs rated 9/10. The current request is for PRESCRIPTION OF SOMA 350mg, #60 WITH 2 REFILLS per the 02/10/15. The report does not state if the patient is currently working. MTUS Soma page 29 states, "Not recommended. This medication is not indicated for long term use." MTUS Muscle relaxants for pain pages 63-66, state that this formulation is recommended for no longer than 2-3 weeks. The treater states this medication is effective for the patient's muscle spasms. While this medication may help the patient, guidelines recommend short term use of no more than 2-3 weeks, and the patient is noted to be taking the medication regularly since at least 08/25/14. Therefore, the request IS NOT medically necessary.