

Case Number:	CM13-0048608		
Date Assigned:	12/27/2013	Date of Injury:	11/02/2005
Decision Date:	03/08/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57-year-old female who reported an injury on 11/02/2005. The mechanism of injury was not submitted. The patient was diagnosed with lumbar disc syndrome, lumbar radiculopathy, cervical chronic sprain, cervical myofascitis, right lateral epicondylitis, and left trochanteric bursitis. The patient underwent a left L4-5 and L5-S1 transforaminal epidural steroid injection on 10/28/2013. She reported overall her left leg pain improved by approximately 50%. The patient continued to report approximately 70% improvement in her right lower extremity since undergoing an epidural steroid injection at L4-5 and L5-S1 on 09/16/2013. The patient remained symptomatic in her neck and upper extremities. Physical examination of the lumbar spine revealed mild tenderness in the bilateral paralumbar musculature. There was also decreased range of motion. The patient was recommended an MRI of the cervical spine, discontinuation of Mobic and restart Motrin 800 mg, discontinuation of omeprazole, tramadol, Soma, injection to the right lateral epicondyle, authorization for a brace for tennis elbow, and a re-evaluation in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural steroid injection, left L4-5 & L5-S1: Upheld

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

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

Decision rationale: CA MTUS states radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The Guidelines also state epidural steroid injections can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The patient continued to complain of low back pain. However, the clinical documentation submitted for review does not indicate the patient is participating in physical rehab or a home exercise program. Given the lack of documentation to support Guideline criteria, the request for lumbar epidural steroid injection left L4-5 and L5-S1 is non-certified.

Ibuprofen 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: CA MTUS states NSAIDs for low back pain are recommended as an option for short-term symptomatic relief. The Guidelines also state there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain. The patient continued to complain of low back pain with radiating pain into the lower extremities. However, the clinical documentation does not indicate how long the patient has been taking non-steroidal anti-inflammatory drugs. The Guideline recommendations a short term course of NSAIDs. Also, the clinical information fails to provide objective improvement with the use of this medication to support continuation. Given the lack of documentation to support Guideline criteria, the request for Ibuprofen 800 mg is non-certified.