

Case Number:	CM14-0000024		
Date Assigned:	01/10/2014	Date of Injury:	03/16/2009
Decision Date:	06/05/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	12/31/2013

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. The expert reviewer is Board Certified in Anesthesiology and Pain Management, and is licensed to practice in Florida. 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/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 injured worker is a 25 year old male who reported an injury on 03/16/2009 due to a slip and fall. The clinical note dated 01/30/2013 noted the injured worker presented with back pain radiating down the bilateral lower extremities. The injured workers physical exam findings included decreased range of motion of the lumbar spine, flexion was 40 degrees, extension was 10 degrees, positive leg raise bilaterally, and decreased sensation in the anterior thighs bilaterally. The injured worker received an epidural steroid injection on 01/30/2013 which provided minimal improvements for his pain. The injured worker is recommended for a caudal epidural steroid injection with fluoroscopy and sedation. The request for authorization form was dated 12/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT CAUDAL EPIDURAL STEROID INJECTION (ESI) WITH FLUOROSCOPY AND SEDATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Criteria For The Use Of Epidural Steroid Injections, Page 382-383.

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

Decision rationale: The request for a caudal epidural steroid injection with fluoroscopy and sedation is not medically necessary. The California MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Current recommendations suggest a second epidural injection if there is at least 50% pain relief with associated reduction of medication use for six to eight weeks. The injured worker had a positive leg raise bilaterally and decreased sensation in the anterior thighs bilaterally. The medical documentation indicated an epidural steroid injection was performed on 01/30/2013, which provided the injured worker with minimal pain relief. There is a lack of documentation of 50% relief for 6-8 weeks. Therefore, the request is not medically necessary.

CYMBALTA 20MG QUANTITY THIRTY (30): Overturned

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 Duloxetine (Cymbalta) and Antidepressants for chronic pain Page(s): 43,13-14.

Decision rationale: The request for Cymbalta 20MG is certified. The California MTUS guidelines recommended Cymbalta as an option in first-line treatment of neuropathic pain. It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. The guidelines note antidepressants are recommended as an option for radiculopathy. The provider recommended changing the injured worker from Gabapentin to Cymbalta. The injured worker presented with back pain radiating down the bilateral lower extremities with disturbed sensation which would suggest a diagnosis congruent with the guideline recommendations. As such, the request is certified.