

Case Number:	CM14-0143122		
Date Assigned:	09/10/2014	Date of Injury:	10/15/2013
Decision Date:	10/10/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/04/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 patient is a 52 year old with an injury date on 10/15/13. Patient complains of lower lumbar pain rated 7-8/10 in the morning, and improves with walking to 5/10, with persistent numbness in the toes of the right foot per 6/30/14 report. Based on the 6/30/14 progress report provided by [REDACTED] the diagnoses is lumbar s/s. Exam on 6/30/14 showed "limited range of motion of L-spine, especially flexion at 10 degrees. Deep tendon reflexes are symmetrically diminished." [REDACTED] is requesting transforaminal epidural steroid injection L-spine, norco 5/325 #50, and flexeril 7.5mg #30. The utilization review determination being challenged is dated 8/14/14. [REDACTED] is the requesting provider, and he provided a single treatment report from 6/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 46 of 127.

Decision rationale: This patient presents with lower back pain and numbness in right toes. The treater has asked for transforaminal epidural steroid injection L-spine but the date of the request is not known. Review of the reports do not show any evidence of epidural steroid injections being done in the past. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. In this case, the patient has not had an MRI of the lumbar, and although there is some lower extremity pain, the exam results do not show clear evidence of radiculopathy. In addition, there is no indication that patient has failed conservative treatment. Due to a lack of imaging data and insufficient documentation of radiculopathy therefore Transforaminal Epidural Steroid Injection L5 is not medically necessary.

Norco 5/325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): (MTUS 76-78).

Decision rationale: This patient presents with lower back pain and numbness in right toes. The treater has asked for transforaminal epidural steroid injection L-spine but the date of the request is not known. Review of the reports do not show any evidence of epidural steroid injections being done in the past. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. In this case, the patient does not an MRI of the lumbar, and although there is some lower extremity pain, the exam results do not show clear evidence of radiculopathy. In addition, there is no indication that patient has failed conservative treatment. Due to a lack of imaging data and insufficient documentation of radiculopathy therefore Norco 5/325 #60 is not medically necessary.

Flexeril 7.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril, Page(s): pg 41-42.

Decision rationale: This patient presents with lower back pain and numbness in right toes. The treater has asked for flexeril 7.5mg #30. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no documentation of an exacerbation. The patient is suffering from chronic low back pain and the treater does not indicate that this medication is to be used for short-term. MTUS only supports 2-3 days use of

muscle relaxants if it is to be used for an exacerbation therefore Flexeril 7.5mg #30 is not medically necessary.