MAXIMUS Federal Services

Case Number:	CM14-0145043		
Date Assigned:	09/12/2014	Date of Injury:	11/22/2002
Decision Date:	10/17/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/08/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 55-year-old male who reported an injury on 11/22/2002 due to heavy lifting. On 29/2014, the injured worker presented with chronic low back pain. Prior therapy included chiropractic care, acupuncture, and a previous epidural steroid injection to the L4-5. Current medications included OxyContin and Cymbalta. MRI of the lumbar spine performed in 2009 revealed persistent enlargement of the left S1 and disc bulge at L5-S1. Upon examination of the lumbar spine, there was a finding of normal lumbar lordosis noted, positive bilateral straight leg raise, diffusely tender bilaterally, and positive compression and distraction tests. Low back tenderness over the spinous process at L3, L4, L5, and S1, and flexion causes left leg radicular pain. There was piriformis tenderness noted to the left side. There was decreased sensation to the left L5 dermatome and dorsal surface of the left foot and in the left lower leg with decreased sensation to the L5 dermatome of the left foot plantar surface. There was notable weakness in the left calf with repetitive toe raise and 2+ patellar reflexes on the right with a stiff antalgic gait. The diagnoses were postlaminectomy syndrome of the lumbar region, postlaminectomy syndrome of the cervical region, lumbosacral spondylosis without myelopathy, and degeneration of the lumbar and lumbosacral intervertebral discs. The provider recommended ibuprofen 800 mg and a transforaminal epidural steroid injection at L4-S1. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Ibuprofen 800mg #60 with 2 refills is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was a lack of evidence of an objective assessment of the injured worker's pain relief, functional status, appropriate medication use, and side effects. Additionally, the efficacy of the prior use of the medication was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Transforaminal epidural steroid injection L4-Ld, L5-S1: Upheld

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

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

Decision rationale: The request for Transforaminal epidural steroid injection L4-Ld, L5-S1 is not medically necessary. According to the California MTUS, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies. Additionally, documentation should show the injured worker was initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy for guidance, and no more than 2 levels should be injected using transforaminal blocks. The documentation submitted for review state the injured worker had completed an initially recommended conservative treatment. The injured worker had a previous epidural steroid injection at the same requested levels and noted an 85% relief of pain. There was, however, no correlation between at least a 50% decrease in medications. There were no physical examination findings for radiculopathy corroborated by imaging and/or electrodiagnostic studies. His physical examination findings noted a positive bilateral straight leg raise and tenderness over the spinous process at L3-4 and L5-S1. There was decreased sensation noted to the left L5 dermatome on the dorsal surface of the left foot and left lower leg with decreased sensation to the toe and of the left plantar foot surface only. More information is needed to address motor strength deficits. In addition, documentation failed to show that the injured worker would be participating in an active treatment program following the requested injection. The provider's request does not indicate the use of fluoroscopy for guidance in the request as submitted. Clarification would be needed as to

which levels are being requested for the injection. As such, based on all of the above, the request is not medically necessary.