

Case Number:	CM14-0150980		
Date Assigned:	09/19/2014	Date of Injury:	08/07/2004
Decision Date:	10/24/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/16/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 68-year-old female who reported an injury on 08/07/2004. The mechanism of injury was noted to be a slip and fall. Her diagnoses were noted to include lumbar radiculopathy to the left lower extremity and lumbar spine degenerative disc disease, status post lumbar spine surgery times 2 with residual back pain and left lower extremity pain. Her previous treatments were noted to include surgery, physical therapy, epidural injections and medications. The progress note dated 06/02/2014 revealed the injured worker had received a lumbar epidural injection in 10/2011 without improvement of radicular symptoms. The progress note dated 08/25/2014 revealed complaints of left leg pain that had increased over a month and had worsened after a recent fall. The injured worker complained the left lower extremity pain that radiated across the low back but more of an electrical burning pain that traveled posterolaterally down the left lower extremity to the dorsum of the foot. The injured worker rated her pain 9/10 due to the recent fall and increased lower extremity pain. The injured worker rated her pain previously a 5/10 and without pain medications she stated her levels would be 10/10. The physical examination of the lumbar spine revealed minimal spasms and negative twitch responses. There was decreased range of motion and a positive straight leg raise to the left lower extremity. The manual muscle testing revealed the anterior tibialis on the left was 4/5, peroneus longus/brevis on the left 4/5, and the extensor hallucis longus on the left 3/5 to 4/5. The sensory examination revealed hypesthesia to the left L5 dermatome, the patellar reflex rated 2+ symmetrically and the Achilles reflex was trace on the left and 1+ on the right. The provider indicated conservative treatments had failed to improve symptoms and the injured worker was quite symptomatic. The physical examination noted a reduced range of motion with lumbar flexion and a positive straight leg raise as well as reduce motor, sensory and reflex that correlated with the affected nerve root. The provider indicated an MRI of the lumbar spine

performed 11/08/2010 revealed postlaminectomy changes at the L5-S1 with disc prosthesis and orthopedic hardware anatomic alignment. There was moderate bilateral neural foraminal stenosis secondary to facet hypertrophic changes at L4-L5 and L5-S1. There was also an L3-4 intervertebral disc with 2 mm broad based disc bulge with mild central mild bilateral neural foraminal stenosis. The Request for Authorization form dated 08/29/2014 was for Flector 1.3% patch #60 for pain and 1 left L4-L5, L5-S1 transforaminal epidural steroid injection with fluoroscopic guidance for radicular pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left L4-L5, L5-S1 transforaminal epidural steroid injection with fluroscopic guidance:
Upheld

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

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

Decision rationale: The request for 1 left L4-L5, L5-S1 transforaminal epidural steroid injection with fluoroscopic guidance is not medically necessary. The injured worker has had a previous epidural injection without relief of radicular symptoms. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injection as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The injection should be performed using fluoroscopy for guidance. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 intralaminar level should be injected at 1 session. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use of 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either diagnostic or therapeutic phase. The guidelines recommend no more than 2 epidural steroid injections. The documentation provided indicated conservative treatments had failed to improve her symptoms and the physical examination revealed reduced range of motion, positive straight leg raise, reduced motor strength to the anterior tibialis, peroneus longus/brevis and the left extensor hallucis longus, and diminished deep tendon reflexes to the Achilles, hypesthesia to the left L5 dermatome and an unofficial MRI performed 11/08/2010 revealed moderate bilateral neural foraminal stenosis secondary to facet hypertrophic changes at L4-5 and L5-S1 as well as an L3-4 intervertebral disc with 2 mm broad based disc bulge and mild central mild bilateral neural foraminal stenosis. However, there is a lack of documentation regarding recent conservative treatments attempted due to the recent fall and the previous epidural injection did not give a benefit for radicular symptoms from 10/2011. Therefore, due to the lack of recent conservative

treatment attempted and the previous failure of the epidural steroid injection, an epidural injection to the L4-5, L5-S1 is not appropriate at this time. As such, the request is not medically necessary.

1 prescription of Flector patches 1.3% #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical NSAIDS Page(s): 111.

Decision rationale: The injured worker has been utilizing this medication since at least 06/2014. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The indication for the use of topical NSAIDs are osteoarthritis and tendinitis of the knee and other joints that can be treated topically. They are recommended for short term use of 4 to 12 weeks. There is little evidence indicating the effectiveness for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines recommend 4 to 12 weeks use of topical NSAIDs and the injured worker has been utilizing this medication since at least 06/2014. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.