

Case Number:	CM14-0167161		
Date Assigned:	10/14/2014	Date of Injury:	10/20/2010
Decision Date:	11/17/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/10/2014

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 Occupational Medicine 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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 20, 2010. Thus far, the injured worker has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; prior lumbar spine surgery; and unspecified amounts of manipulative therapy. In a Utilization Review Report dated September 22, 2014, the claims administrator denied a request for Baclofen and denied a request for two epidural steroid injections. The injured worker's attorney subsequently appealed. In a Medical-legal Evaluation dated July 12, 2012, the injured worker was given permanent work restrictions associated with ongoing complaints of low back and elbow pain. 13% whole-person impairment rating was furnished. A rather proscriptive 20-pound permanent lifting limitation was suggested. The injured worker was not working and was described as a "qualified injured worker," it was acknowledged. In a January 20, 2013 progress note, the injured worker reported heightened complaints of low back pain radiating into the bilateral lower extremities. The injured worker felt tired and fatigued on gabapentin. The injured worker was in the process of applying for Social Security Disability Insurance (SSDI), it was acknowledged. In a March 6, 2014 progress note, the injured worker reported persistent complaints of low back pain radiating into legs. The injured worker was placed off of work, on total temporary disability. The injured worker's medication list was not clearly stated. Additional physical therapy was sought. In a May 6, 2014 progress note, the injured worker reported persistent complaints of low back pain radiating into the bilateral lower extremities. It was stated that the injured worker should consider epidural steroid injection therapy, medial branch blocks, and/or functional restoration program. On May 15, 2014, the injured worker was again placed off of work, on total temporary disability. There

was no explicit discussion of medication selection or medication efficacy on this occasion. On June 3, 2014, the injured worker was again placed off of work, on total temporary disability. The injured worker's medication list was not furnished on this occasion. In a progress note dated October 7, 2014, the injured worker reported ongoing complaints of low back pain radiating into bilateral lower extremities, 3-6/10. The injured worker and/or attending provider complained about the denial of epidural steroid injection therapy. The injured worker was, once again, placed off of work, on total temporary disability. In a pain management noted dated October 8, 2014 the injured worker was apparently described as using Baclofen on a nightly basis. Epidural steroid injection therapy was sought. There was no explicit discussion of medication efficacy of insofar as baclofen was concerned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Baclofen Page(s): 7, 64.

Decision rationale: While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Baclofen is recommended orally for the treatment of spasticity associated with multiple sclerosis and/or spinal cord injuries but can be employed off label for neuropathic pain, as appears to be present here. This recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the injured worker is off of work, despite what appears to be ongoing usage of Baclofen. The attending provider's progress notes referenced above, failed to contain any explicit discussion of medication efficacy insofar as Baclofen and/or other medications were concerned. All of the foregoing taken together suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Baclofen. Therefore, the request is not medically necessary.

2 x bilateral transforaminal epidural injections at L5 and S1 with anesthesia, X-ray and Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, current evidence does not support a series of three epidural steroid injections in

either the diagnostic or therapeutic phase. By implication, thus, the series of two epidural steroid injections proposed here is likewise not supported as page 46 of the MTUS Chronic Pain Medical Treatment Guidelines suggests using lasting analgesia and functional improvement as the basis as to whether to pursue repeat epidural blocks or not. Therefore, based on the MTUS principles and parameters this request is not medically necessary.