MAXIMUS Federal Services

Case Number:	CM14-0213776		
Date Assigned:	12/31/2014	Date of Injury:	05/09/2012
Decision Date:	03/03/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 9, 2012.In a Utilization Review Report dated December 12, 2014, the claims administrator denied an epidural steroid injection and denied Soma. The claims administrator referenced an RFA form received on December 5, 2014 in its determination.The applicant's attorney subsequently appealed.In a November 24, 2014 progress note, the applicant was placed off of work, on total temporary disability. Large portions of the progress note were sparse, handwritten, difficult to follow, and not entirely legible. Epidural steroid injection therapy, Neurontin, and Soma were apparently endorsed.In a November 18, 2014 progress note, the applicant reported highly variable 5-7/10 low back pain radiating into bilateral lower extremities. The applicant was using Norco, Neurontin, Soma, and unspecified antidepressants and anxiolytic medications. The attending provider noted that the applicant had a 5-mm L5-S1 disk herniation generating associated L5 nerve root impingement. The attending provider stated that the applicant was a very good candidate for a diskectomy procedure if the epidural injection fails. It was not clearly stated whether the applicant had or had not had prior epidural steroid injection therapy.In an earlier note dated October 21, 2014, the applicant was placed off of work, on total temporary disability, through November 21, 2014. The applicant was asked to pursue an epidural injection. It was not clearly stated whether the applicant had or had not had prior epidural steroid injection therapy.In a September 30, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into the bilateral lower extremities. The applicant was status post an earlier L4-L5

diskectomy procedure, it was stated. The orthopedic spine surgeon stated that the applicant had not had a prior epidural steroid injection therapy to date. The applicant was on Duexis, Neurontin, Norco, and Flexeril, it was stated. The attending provider alluded to an MRI of October 2013 demonstrating a 5-mm herniated disk. Epidural steroid injection therapy was sought.In a record review, not clearly dated, an agreed medical evaluator apparently reviewed records through February 2014. There was no mention of the applicant's having had an epidural steroid injection on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection (unknown level): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 49.

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

Decision rationale: Yes, the request for a lumbar epidural steroid injection is medically necessary, medically appropriate, and indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Here, the applicant does have a large 5-mm disk herniation at the L5-S1 level which does appear to be the source of the applicant's radicular pain complaints. The request in question, moreover, represents a first-time request for epidural steroid injection therapy. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic blocks. The applicant's radicular pain complaints have seemingly proven recalcitrant to an earlier diskectomy surgery, time, medications, physical therapy, adjuvant agents such as Neurontin, etc. Moving forward with an epidural steroid injection, thus, is indicated. Therefore, the request is medically necessary.

Soma 350mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: Conversely, the request for Soma (carisoprodol), was not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purpose, particularly when employed in conjunction with opioid agents. Here, the applicant was/is using Norco, an opioid agent and also appears to have been using Soma for

sometime, it was suggested on a November 18, 2014 progress note. This is not an appropriate usage for Soma, per page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.