

Case Number:	CM14-0010191		
Date Assigned:	02/21/2014	Date of Injury:	09/09/2011
Decision Date:	06/25/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/24/2014

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 Physical Medicine and Rehabilitation and 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 53-year-old female who reported an injury on 09/09/2011. The mechanism of injury was not provided in the clinical documentation provided. The clinical note dated 12/31/2013 reported the injured worker complained of constant severe low back pain and stiffness, aggravated by movement, repetitive movement, lifting 10 pounds, repetitive sitting, repetitive standing, repetitive walking, repetitive driving, repetitive twisting and repetitive squatting. The injured worker underwent second lumbar epidural steroid injection which helped minimally. On the physical exam, the provider noted trigger points at paraspinals present at the lumbar spine. The provider also noted 3+ tenderness to palpation of the L4-5 spinous process, L4-S1 spinous process, L5-S1 spinous process, and lumbar paravertebral muscles. The provider noted muscle spasms of the lumbar paravertebral muscles. The provider also noted straight leg raise to be positive bilaterally. The injured worker had diagnoses of degeneration of lumbar intervertebral disc, lumbar degenerative disc disease, lumbar musculoligamentous injury, lumbar radiculopathy, lumbar sprain/strain, left knee chondromalacia, left knee meniscus tear, left knee pain, left knee sprain. The provider requested for therapeutic lumbar epidural steroid injections at L1-2, L2-3, L3-4, and L4-5. The provider requested for lumbar facet joint block at T12-L1, L1-2, L2-3, bilaterally. The Request for Authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAPEUTIC LUMBAR EPIDURAL STEROID INJECTION AT L1-L2, L2-L3, L3-L4, L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS, 46

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injection as an option for treatment for radicular pain. The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines note unresponsiveness to conservative treatment including exercise, physical methods, NSAIDs and muscle relaxants. The guidelines note injections should be performed using fluoroscopy for guidance. The guidelines recommend a second epidural injection if there is at least 50% pain relief with associated reduction of medication use for at least 6 to 8 weeks. The guidelines also note no more than 2 nerve root levels should be injected using transforaminal blocks. The guidelines note research does not support a series of 3 injections in either the diagnostic or therapeutic phase. The injured worker complained of constant severe low back pain and stiffness and of loss of sleep due to pain. The injured worker had a second lumbar epidural steroid injection which helped minimally. There is lack of clinical documentation indicating the injured worker had objective findings of radiculopathy on examination. There is also a lack of documentation indicating the injured worker tried and failed conservative treatment. The request submitted indicates 4 levels which exceeds the guidelines recommendations of no more than 2 levels at one time. Therefore, the request for therapeutic lumbar epidural steroid injection at L1-2, L2-3, L3-4, L4-5, is not medically necessary and appropriate.

LUMBAR FACET JOINT BLOCK AT T12-L1, L1-L2, L2-L3 BILATERALLY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, LOW BACK COMPLAINTS,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Blocks.

Decision rationale: The California MTUS Guidelines recommend epidural steroid injection as an option for treatment for radicular pain. The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines note unresponsiveness to conservative treatment including exercise, physical methods, NSAIDs and muscle relaxants. The guidelines note injections should be performed using fluoroscopy for guidance. The guidelines recommend a second epidural injection if there is at least 50% pain relief with associated reduction of

medication use for at least 6 to 8 weeks. The guidelines also note no more than 2 nerve root levels should be injected using transforaminal blocks. The guidelines note research does not support a series of 3 injections in either the diagnostic or therapeutic phase. The injured worker complained of constant severe low back pain and stiffness and of loss of sleep due to pain. The injured worker had a second lumbar epidural steroid injection which helped minimally. There is lack of clinical documentation indicating the injured worker had objective findings of radiculopathy on examination. There is also a lack of documentation indicating the injured worker tried and failed conservative treatment. The request submitted indicates 4 levels which exceeds the guidelines recommendations of no more than 2 levels at one time. Therefore, the request for therapeutic lumbar epidural steroid injection at L1-2, L2-3, L3-4, L4-5, is not medically necessary and appropriate.