MAXIMUS Federal Services

Case Number:	CM14-0014759		
Date Assigned:	02/28/2014	Date of Injury:	08/02/2001
Decision Date:	07/23/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/05/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee.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:

This is a 67-year-old patient with an 8/2/01 date of injury. She injured her lumbar spine, knees, and shoulders when she fell while working as a MUNI bus operator. On 1/28/14, the patient was noted to have developed an allergy to oxycodone after a recent colonoscopy so stopped taking it. Due to her continued low back pain, and allergic reaction to oxycodone and difficulties with other opiates, the provider is seeking alternatives to pain management approaches. The patient uses a single-point cane for ambulation and can walk half a block. Objective exam show that sensation is intact to the lumbar spine, and she has 5/5 motor strength. Diagnostic Impression: lumbar degenerative disc disease, spinal stenosis, neurogenic bladder, knee degenerative disease. Treatment to date: s/p urgent spinal decompressive surgery due to bladder incontinence in 2010, bilateral knee replacements, medication management. A UR decision dated 1/27/14 denied the request for a lumbar ESI due to the fact that the provider is seeking alternatives for pain management since the patient is intolerant of opiates. There is no clear focal lumbar radiculopathy on exam and corroborative diagnostics are not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy).

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, this patient is noted to have a normal neurological exam. There are no objective findings to corroborate the need for a lumbar ESI. There is no documentation of a lumbar MRI or EMG to corroborate the level of the ESI. The only clear rationale provided for the lumbar ESI was to manage the patient's pain since she is no longer able to tolerate opiates. However, in the note provided from 1/28/14, the physician documents that they are pending a lumbar MRI and will potentially start the patient on Tramadol, pending a discussion with an allergist. In addition, this request does not specify the nerve root level for the ESI. It is unclear, given the patient's 2001 date of injury, if she has previously had an ESI if she had any functional improvement from it. Therefore, the request for Lumbar Epidural Steroid Injection is not medically necessary.