

Case Number:	CM14-0158878		
Date Assigned:	10/02/2014	Date of Injury:	05/01/1997
Decision Date:	10/29/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/29/2014

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 Orthopedics and is licensed to practice in Arizona. 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 48-year old female data entry and laboratory technician sustained cumulative injuries to neck, upper extremities and low back in the workplace [5/1/1997]. Due to worsening symptoms, including occurrence of daily bouts of headaches she eventually underwent anterior and posterior cervical procedures including spinal fusion at levels C5-7 [2007 & 2011]. The occurrence of headaches improved from daily occurrence to 2-3 times per week. She also underwent lumbar epidural injection approximately 2 years ago [apparently at L5-S1 level left and route was paramedian with improvement of her pain] but no lumbar surgery was done despite that it apparently was suggested. Epidural injection and pain medication prescribed together resulted in diminished pain for several months as well as less usage of medication. Due to the onset of moderate to severe low back pain [5-6/10 with pain medication] she was given opiates and is presently able to control her pain 50-70% but is keen for another lumbar epidural injection [8/21/2014]. The pain radiates 'to the left of her body' [no further detail]. She also reports weakness and numbness, described by caregiver as 'subjective'. She is presently being treated for anxiety and depression. She presently mostly complains of low back pain [724.2] pain neck pain [723.1] and left upper gluteal area, extremities, knees and feet [minimal detail]. Physical examination revealed local para lumbar tenderness but normal neurologic findings [e.g. nerve root compression and/or nerve root tension signs] except what is described as right sensory radiculopathy. Treatment rendered since day of injury was mostly control of pain [Opioid usage] and coordination of care. [No conventional non-surgical regimes prescribed]. Diagnostic studies consisted of: - MRI Neck without dye [9/5/2013]- Pain diagramo Revealed diffuse pain localizationo No dermatomal distribution notedo Whole head and left-sided neck involvedo Whole arm & whole lower leg involved- Routine urine drug screen.-Routine blood tests Diagnosis was documented as chronic pain syndrome [338.4], chronic myalgia/myositis

unspecified [729.1], radiculopathy cervical [723.4], radiculopathy lumbar [724.4], failed back syndrome cervical [FBSS][722.81], anxiety & depression and chronic pain syndrome [338.4]. I do not believe the pain generator for back pain has been established yet and therefore cannot but designate the present diagnosis as 'chronic non-specific back pain '. UR date of denial was 9/10/2014UR decision was too deny request for lumbar epidural steroid Injection [ESI].

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 ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23.5 / 9792.24.2, Page(s): page(s) 40. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back / Epidural injections/fluoroscopy

Decision rationale: Medical necessity can be described as care that is reasonable, necessary, and/or appropriate, based on evidence-based clinical standards of care. The wave of the present and future seems to be evidence-based medicine in contrast to experience-based medicine of the past. (Corbin 2006). According to Washington State law, "Medically necessary" is a term for describing requested service which is reasonably calculated to prevent, to diagnose, to correct, to cure, to alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. Also, there is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service MTUS recommends lumbar epidural steroid injection (ESI) as treatment for radicular pain (defined as pain in dermatomal distribution. Dermatomal distribution was not well described in the available documentation and radiculopathy as defined was not found in any available documentation [neither clinical examination nor imaging studies or diagnostic testing]. No documentation of implementation and/or clinical outcome of conventional conservative therapy [structured combination of exercises, physical methods, NSAIDs and muscle relaxants] were available. No documentation was found of planned route of administration and spinal level of the ESI or usage of fluoroscopy for guidance during procedure. Selective nerve root infiltration under fluoroscopy guidance is presently the technique of choice. Transforaminal [selective] injections in herniated nucleus pulposus instead of translaminar or caudal injections have been suggested in most recent clinical studies. Clinical outcome of spinal blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for six to eight weeks. No relevant documentation is available concerning the previous epidural injection this patient underwent. There is little information on improved function after previous ESI when reviewing this patient's documentation. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient

evidence to make any recommendation for the use of epidural steroid injections to treat radicular pain. ODG [Official Disability Guide] supports the criteria principles outlined above but notes that chronic duration of symptoms (> 6 months) has also been found to decrease success rates with a threefold decrease found in patients with symptom duration if > 24 months. The indication for repeat ESI's in patients with chronic low back pain at a level previously injected (> 24 months) includes a symptom-free time interval. ODG also emphasizes that radiculopathy be corroborated by imaging studies and/or electrodiagnostic testing. Fluoroscopic guidance with use of contrast is recommended for all approaches, as needle misplacement may be a cause of treatment failure. Research reporting effectiveness of ESIs in the past has been contradictory, but these discrepancies are felt to have been, in part, secondary to numerous methodological flaws in the early studies, including the lack of imaging and contrast administration. It is therefore my opinion that lumbar ESI [Epidural Steroid Injection] is not medically necessary in this case based on non-adherence to mentioned criteria. "Functional improvement", according to MTUS, means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical examination, performed and documented as part of the evaluation and management visit.