

Case Number:	CM14-0035381		
Date Assigned:	06/23/2014	Date of Injury:	07/01/2006
Decision Date:	08/18/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/21/2014

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 Physical Medicine and Rehabilitation & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 51-year-old female who reported an injury on 07/01/2006, caused by an unspecified mechanism. The injured worker's treatment history included medications, MRI and a prior 2 epidural steroid injections. On 01/28/2012, the injured worker had undergone an MRI of the lumbar spine that revealed degenerative disc space loss at L5-S1. There was no disc abnormality or spinal stenosis from L1-4; at L4-5, there was flattening of the thecal sac, annular bulge and facet hypertrophy. At L5-S1, there was a right paracentral disc bulge or protrusion seen, which slightly flattens the thecal sac. There may be slight posterior displacement of the right S1 nerve root, and a bulging disc extends into the inferior recesses of the foramina on each side. On the right, the disc abuts the exiting L5 nerve root. The injured worker was evaluated on 02/27/2014, and it was documented that the injured worker had low back and bilateral knee pain. She reported that the pain was constant at a 7/10 to 8/10 and a 6/10 at its best. The physical examination of the lumbar spine revealed abnormal curvature noted on inspection. Straight leg raise was negative on the right and positive on the left. On palpation paravertebral muscles, tenderness and tight muscle band and trigger point was obtained along with radiating pain on palpation. The provider noted that if she was not certified for her epidural injection, she may need to undergo surgery. Medications included Zanaflex 4 mg, Naprosyn 500 mg, Butrans 5 mcg/hr patch, Ambien 5 mg and Lidoderm 5% patch. Diagnoses included lumbar disc degeneration, right S1 level, thoracic lumbosacral neuritis or radiculitis, not otherwise specified; internal derangement of the knee, not otherwise specified; and current tear of the medial cartilage or meniscus of the knee. The provider noted that the injured worker had 2 epidural steroid injections in the past, and one was helpful for 6 months. The Request for Authorization was

dated 02/27/2014 and was for an epidural steroid injection at L4-5 and L5-S1 as well as for a facet injection to the lumbar spine; however, the rationale was submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid Injections.

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

Decision rationale: The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The provider noted the injured worker had undergone a previous epidural steroid injection with 6 month improvement however, there was lack of documentation of home exercise regimen, and physical therapy sessions indicating long-term functional improvement goals. Given the above, the request for epidural steroid injection L4-5, L5-S1 is not medically necessary and appropriate.

Facet Injection for the lumbar spine (quantity and levels unknown): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for the use of diagnostic blocks for facet "mediated pain".

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to the California MTUS/ACOEM Guidelines state invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The documents submitted for review lacked outcome measurements of conservative care such as, physical therapy sessions and home exercise regimen for the injured worker. In addition, the request failed to indicate levels and quantity. Given the above, the request for the lumbar spine (quantity and levels unknown) is not medically necessary and appropriate.