

Case Number:	CM14-0056446		
Date Assigned:	07/09/2014	Date of Injury:	05/30/2002
Decision Date:	09/05/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/25/2014

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 Family Medicine and is licensed to practice in California. 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 47 year old female patient that reported an industrial injury on 5/30/2002, over 12 year ago, to the back attributed to the performance of her customary job tasks. The patient is diagnosed with cervical sprain/strain; chronic residual symptoms in the left shoulder; lumbar sprain/strain; lumbar disc herniation; lumbar facet arthropathy; thoracic radiculopathy; thoracic sprain/strain; right carpal, release; right elbow epicondylitis a with ulnar nerve decompression; status post right knee surgery times three. The patient was reported to complain of increasing pain and discomfort to the mid and lower back that radiated to the right buttock, cyanide to the feet/toes. The patient was unable to indicate whether or not the pain to the lower extremity was from the near the back. The objective findings on examination included tenderness to palpation of the lumbar spine; restricted range of motion of the lumbar spine which was diminished. It was noted the patient previously underwent an L4-L5, L5-S1 and S1 transforaminal bilateral injection on 4/2/2013 which provided a 50-55% decrease in radicular symptoms. There were no neurological deficits documented. The treatment plan included a repeat series of transforaminal epidural steroid injections at L5-S1 bilaterally along with a pain management follow-up in three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat series of transforaminal epidural steroid injections at L5-S1 bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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 Official Disability Guidelines (ODG) Back chapter lumbar spine ESI Other Medical Treatment Guideline or Medical Evidence: ACOEM Guidelines updated back chapter 12 pages 179-80.

Decision rationale: The criteria required by the CA MTUS for the provision of a repeated lumbar ESI was not documented. The patient does meet the CA MTUS criteria for a lumbar ESI under fluoroscopic guidance to the L5-S1 nerve root bilaterally. The use of lumbar spine ESIs is recommended for the treatment of acute or subacute radicular pain in order to avoid surgical intervention. The patient is not noted to have objective findings on examination consistent with a bilateral S1 nerve impingement radiculopathy. The reported radiculopathy was not corroborated by imaging studies or electrodiagnostic studies. There is no impending surgical intervention. The patient is being treated for chronic low back pain with radiation to the lower extremity. The first injection documented reported relief; however, there was no specified duration of relief. There was no documented functional improvement or reduction in the use of prescribed medications. There is no documented rehabilitation effort. The stated diagnoses and clinical findings do not meet the criteria recommended by evidence-based guidelines for the use of a lumbar ESI by pain management. The CA MTUS requires that "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The ACOEM Guidelines updated Back Chapter revised 8/08/08 does not recommend the use of lumbar ESIs for chronic lower back pain. The Official Disability Guidelines recommend that ESIs are utilized only in defined radiculopathies and a maximum of two lumbar diagnostic ESIs and a limited number of therapeutic lumbar ESIs are recommended in order for the patient to take advantage of the window of relief to establish an appropriate self-directed home exercise program for conditioning and strengthening. The criteria for a second diagnostic ESI is that the claimant obtain at least 50% relief from the prior appropriately placed ESI. The therapeutic lumbar ESIs are only recommended, "If the patient obtains 50-70% pain relief for at least 6-8 weeks." Additional blocks may be required; however, the consensus recommendation is for no more than 4 blocks per region per year. The indications for repeat blocks include "acute exacerbations of pain or new onset of symptoms." Lumbar ESIs should be performed at no more than two levels at a session. Although epidural injection of steroids may afford short-term improvement in the pain and sensory deficits in patients with radiculopathy due to herniated nucleus pulposus, this treatment, per the guidelines, seems to offer no significant long-term functional benefit, and the number of injections should be limited to two, and only as an option for short term relief of radicular pain after failure of conservative treatment and as a means of avoiding surgery and facilitating return to activity. The patient is noted to use Norco only occasionally and has not been demonstrated to have any sustained functional improvement based on the first L5-S1 ESI. The patient is being treated for a subjective radiculitis with reported chronic low back without MRI or EMG/NCV evidence of a nerve impingement radiculopathy. There is no demonstrated medical necessity for a second lumbar spine L5-S1 ESI for the reported chronic pain issues.

Pain management follow-up for 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92,127. Decision based on Non-MTUS Citation Chapter 6 page127.

Decision rationale: The request for authorization of the pain management follow up is not supported with objective evidence to support the medical necessity of the request. The patient was noted to have back pain due to lumbar spine DDD. There is no clear documentation of objective findings requiring more treatment other than the recommended home exercise program for conditioning and strengthening. The patient should be treated with OTC medications and HEP. The medical record provides no objective findings to the lumbar spine to support the medical necessity of continued pain management. There is no provided rationale to support the medical necessity of a follow up with pain management. There is no objective evidence to support the medical necessity of the referral to a pain management for additional treatment in relation to the diagnosed back pain. There is no medical necessity for interventional pain management to the lumbar spine. The medical necessity of a pain management for an evaluation and treatment is not demonstrated as there is no objective evidence of any further treatment being required other than conservative care in the form of posture techniques and home exercises. There is no documented functional improvement with the pain management treatment.