

Case Number:	CM14-0135644		
Date Assigned:	08/29/2014	Date of Injury:	02/07/2012
Decision Date:	02/11/2015	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/22/2014

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 Occupational Medicine, has a subspecialty in Occupational Medicine 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:

The injured worker is a 40 year old male who got injured on 2/7/2012 while in the usual course of his duties pulling an order for a customer when he slipped and fell. He immediately experienced severe low back and buttock pain. In July 2012 he saw an orthopedist and was prescribed physical therapy, acupuncture and pool therapy which all did not provide lasting relief. He had an EMG/ NCV done which did not provide a clear diagnosis and on 2/21/14 he received an epidural steroid injection. It was recommended that he receive a second one and that if that did not produce optimal relief he would be a candidate for surgery but unfortunately he was unable to follow up because the specialist was outside his medical provider network. 3/31/2014 he received a TENS unit for 30 days in home trial. He has been taking opioids. MRI dated 5/27/2014 showed L4-5 3 mm annular bulge with biforaminal and mild central stenosis, L5-S1 disc desiccation. His back exam on 5/29/14 showed left and right costovertebral angle tenderness to percussion, right and left paraspinal angle tenderness, tenderness over the lumbosacral spine, straightening of lumbar lordosis, straight leg raise testing positive bilaterally. He also had cervical, thoracic, and sacroiliac joint tenderness. His working diagnoses include degeneration of lumbar or lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, sacroiliitis. On 6/25/2014 he received bilateral fluoroscopically guided L4-5 and L5-S1 lumbar transforaminal injections. 8/6/2014 he was seen by his primary treating physician for ongoing back pain, he was reported to be feeling much better but still had lower back pain radiating to bilateral buttocks and legs, he had experienced a 65 % relief with the first injection, his gait was normal, he had minimal lumbosacral tenderness, LS flexion was 55 degrees, positive Straight Leg Raise bilaterally and some motor weakness. The treatment plan included 2 nd L/S ESI, modified duty and home rehab. The request is for follow up appointment for lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up appointment with Dr. [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request is for follow up appointment with the above referenced physician for second epidural steroid injections. Per MTUS, research has shown that on average less than two injections are recommended for a successful ESI outcome, current recommendations suggest a second ESI if partial success is produced with the first and a third is rarely recommended. The injured worker has demonstrated a documented 65% improvement in his symptoms and will be continuing a home exercise program, therefore based on the guidelines and the individual injured workers clinical presentation the request for follow up appointment for lumbar Epidural Steroid Injection is medically necessary.

Lumbar epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS). Decision based on Non-MTUS Citation California MTUS Guidelines, Web based Edition (http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html)

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

Decision rationale: Per MTUS, Epidural Steroid Injections are recommended as an option for the treatment of radicular pain. Research has shown that on average less than two injections are recommended for a successful ESI outcome, current recommendations suggest a second ESI if partial success is produced with the first and a third is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The purpose is to reduce pain and inflammation, restoring range of motion, thereby facilitating progress in more active treatment programs, and avoiding surgery. The treatment alone offers no significant long term functional benefit. In the therapeutic phase, repeat 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 6-8 weeks with a general recommendation of no more than 4 blocks per region per year. The injured worker has demonstrated a documented 65% improvement in his symptoms and will be continuing a home exercise program, therefore based on the guidelines and the individual injured workers clinical presentation the request for lumbar Epidural Steroid Injection is medically necessary.

