MAXIMUS Federal Services

Case Number:	CM14-0192800		
Date Assigned:	11/26/2014	Date of Injury:	11/22/1998
Decision Date:	01/13/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/18/2014

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, 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:

The injured worker is a 66 year old female who sustained a work related injury November 22, 1998. Past medical history included a diagnosis of hypertension and a heightened sensitivity to NSAIDS with visual changes from the hypertension they produced. Past surgical history included; left ACL reconstruction May 2000, lateral retinacular release, herniated discs 1999, 2000, repeat arthroscopy August 2001, and two level fusion of the spine 2002. An MRI of the lumbar spine, dated September 3, 2013, and present in this case file, reveals junctional stenosis at L3-4 as well as stenosis at L1-2 and L2-3 with disc protrusions present. On October 14, 2014, the injured worker was seen by the treating physician for follow-up of her injured left knee and lower back. He documents her symptoms have stabilized and she stated that her left knee is swelling less and her lower back continues to bother her. She was administered a lumbar epidural November 2013, with a decrease of Norco to 1 pill from 3 per day. On examination, there is a well healed lumbar incision; tenderness is present over the lumbar spine and SI joints, range of motion of the lumbar spine is limited by discomfort. Treatment included continuing monthly prescription for Norco, and request authorization for a lumbar epidural injection. Work status is documented by the treating physician as remains able to perform her regular work at this time (nurse).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (LESI): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for Low Back Epidural Steroid Injections (ESIs) therapeutic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288 and 309-10,Chronic Pain Treatment Guidelines Page(s): 39-40, 46.

Decision rationale: The best medical evidence today for individuals with low back pain indicates that having the patient return to normal activities provides the best outcomes. Therapy should be guided, therefore, with modalities which will allow this outcome. Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation as defined by pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. As per the MTUS the present recommendations is for no more than 2 such injections, the second being done only if there is at least a partial response from the first injection. Its effects usually will offer the patient short term relief of symptoms as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. The MTUS provides very specific criteria for use of this therapy. Specifically, the presence of a radiculopathy documented by examination and corroborated by imaging, and evidence that the patient is unresponsive to conservative treatment. This patient had met all these criteria in August 2013 and in November 2013 she did get a lumbar epidural steroid injection (LESI). It gave her 85% relief of her pain and allowed improved activities. In fact, she is still working. The good response to the LESI was fortuitous for she developed a hypertensive response to all non-steroidal anti-inflammatories (NSAIDs) and had to stop using these medications. The more recent evaluations for this patient do not document the radicular nature of her pain as well as was done before the LESI in Nov 2013 but they imply the pain is the same as before the last LESI. As per the MRI in Sep 2013, the patient has anatomic abnormalities consistent with stimulating radicular pain. Therefore, despite the recent record's lack of documented evidence of a radicular nature to her pain, and since she had a good response to the prior LESI coupled with the fact that there has been no surgical change to her documented anatomic abnormalities, a repeat LESI procedure should be considered an option in her treatment. Therefore, the request is medically necessary.