

Case Number:	CM14-0194648		
Date Assigned:	12/02/2014	Date of Injury:	11/27/2006
Decision Date:	01/14/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/20/2014

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 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 patient is a 60 year old female who sustained a work related injury to her back on November 27, 2006. The mechanism of injury was not documented. She is status post a lumbar 4-5 fusion in July 2012 with a diagnostic impression of failed back surgery according to the request for authorization from November 19, 2014. A medical follow up report submitted from the treating physician, dated November 3, 2014 documents that the injured worker was seen on an urgent basis on this date for low back, hip and buttock pain radiating down the right leg. The physician's note further states "without prompting, she describes a distribution of pain radiating to her lateral thigh and into the medial side of her calf and into the foot". Some cramping and tightness in the back of the thigh was also documented which has resulted in several falls recently and difficulty sleeping. This evaluation is dated post the Utilization Review decision date. A magnetic resonance imaging from September 25, 2014 shows some enhancement in the epidural location at the right lumbar 4-5 which likely represents granulation tissue fibrosis according to the November 3, 2014 report. According to the Utilization Review report, the claims administrator reviewed a medical evaluation on October 16, 2014, (not submitted for independent medical review) which demonstrated axial tenderness, stiffness and discomfort with range of motion, tenderness left sacroiliac joint and greater trochanter, negative straight leg raise, 5/5 motor strength, deep tendon reflexes equal and within normal limits, and mildly diminished sensation right lumbar 5. The current medications consist of Cymbalta, Norco, Lyrica, Megace, Soma, Lidoderm Patch, Oxycodone (IR) and Tizanidine. The injured worker's employment status remains disabled according to the Utilization Review documentation. The treating physician has requested a right lumbar 3-4 epidural steroidal injection with intravenous sedation and fluoroscopy. On October 30, 2014 the Utilization Review denied authorization for a right lumbar 3-4 epidural steroidal injection with intravenous sedation and fluoroscopy. The citation used in

the decision process was the Medical Treatment Utilization Schedule (MTUS) chronic pain Guidelines and criteria for use of epidural steroidal injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar epidural steroid injection L3-L4 with IV sedation and fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: Recent MRI of lumbar spine dated 9/25/14 showed enhancement in epidural at L4-5 on right side, representing granulation tissue fibrosis; otherwise, without clear stenosis or nerve impingement. Treatment plan was for right L4 selective nerve block with refill of medications. California MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. Criteria for repeating the epidurals have not been met or established. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. Although the provider reported improvement post previous injections, the patient continues with unchanged symptom severity, unchanged clinical findings without specific decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this 2012 injury. Criteria for the epidurals have not been met or established. The Right lumbar epidural steroid injection L3-L4 with IV sedation and fluoroscopy is not medically necessary and appropriate.