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| Case Number: | CM14-0196549 | | |
| Date Assigned: | 12/04/2014 | Date of Injury: | 12/10/2012 |
| Decision Date: | 01/22/2015 | UR Denial Date: | 11/12/2014 |
| Priority: | Standard | Application Received: | 11/24/2014 |

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 Rehab 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 40 year old man sustained an industrial injury to his low back and neck after a motor vehicle accident on 12/10/2012. Treatment has included 12 chiropractic visits in 2013, MRI of the lumbar spine 6/21/2013, and 7/8/2014 showing a 3mm disc bulge at L4-L5, 20 physical therapy visits in 2013, epidural steroid injections to L4-L5 on 10/4/2013, 11/15/2013, and 1/17/2014, EMG on 7/21/2014 which showed no evidence of radiculopathy, 12 additional physical therapy visits in 2014, and oral medications. Physician notes on 2/19/2014 reviewed the worker's case and documented that the third epidural steroid injection was performed on 1/17/2014. The worker was next examined by him on 1/28/2014, and at that point, the worker reported considerable improvement in low back and right leg pain and improved range of motion and the worker was able to have a modified work designation. On this visit, the worker's complaints include on and off mild neck pain and stiffness as well as constant low back and right lower extremity pain with some numbness and tingling to the bottom of the right foot. These were increased with prolonged sitting, standing, bending, twisting, lifting, or carrying over 30 pounds. Notes from the orthopedist on 11/3/2014, show that the worker was in a good deal of pain that was also affecting his sleep and ability to function independently. After learning that the epidurals have worked in the past and his last injection was 6-9 months ago, recommends that he have another injection at this time as well as acupuncture. The worker was unable to work at the time. Exam showed no motor or sensory deficits. There is a 9/08/14 med-legal evaluation from an orthopedic specialist that states that the patient had no benefit from prior treatment with ESI. On 11/5/2014, Utilization Review evaluated a prescription for a lumbar epidural steroid injection at L4-L5. The UR physician noted that there was no evidence of radiculopathy on EMG, MRI was not "compelling", and there was no documented evidence of the epidural steroid injection

performed on 1/17/2014, yielding any improvement on follow up examinations. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-5: Upheld

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

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

Decision rationale: Guidelines support ESI procedures in patients with a clear clinical picture that is suggestive of the diagnosis of radiculopathy that is corroborated by exam, imaging, and/or electrodiagnostics. The patient must have failed conservative care. Guidelines require a 50% response to demonstrate that the diagnostic injection was effective and justify repeat therapeutic injections. If repeat ESI is requested following a prior series of 3 ESI, guidelines require that there is clear documentation of a quantified response of at least a 50% reduction in symptoms associated with a reduction of medication use for 6-8 weeks with no more than 4 injections per region per year recommended. In this case, the patient had 3 lumbar ESI's earlier in 2014. Subsequent reports do not document a 50% reduction in symptoms, but only indicate that there was "some" benefit. A subsequent orthopedic med-legal evaluation reports that the epidurals were not beneficial at all. Given this response, there is no medical necessity for a repeat lumbar epidural steroid injection at L4-5.