

Case Number:	CM14-0197172		
Date Assigned:	12/05/2014	Date of Injury:	06/26/2008
Decision Date:	01/16/2015	UR Denial Date:	11/21/2014
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 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:

This is a 56 year old female with a date of injury on 06/26/2008. According to a primary physician's progress report dated 10/21/2014, the injured worker presented for a follow up on her lower back and stated that she feels a little bit better since her last visit. Diagnoses included L4-5 severe spinal stenosis and L5-S1 degenerative disc and joint disease. Treatments have consisted of laminectomy in 2010 and prescribed medications. Diagnostic testing included a MRI of lumbar spine dated 07/15/2014 which showed unchanged minimal retrolisthesis of L4 on L5, increased multilevel degenerative disc disease, similar L4-5 and L5-S1 degenerative disc disease, T11-12 3mm central disc protrusion, and increased L4-5 central disc protrusion with associated disc bulge causing severe spinal stenosis with mild right foraminal narrowing. Work status is noted as currently not working and retired. On 11/19/2014, Utilization Review non-certified the request for Inject spine lumbar/sacral citing California Medical Treatment Utilization Schedule Chronic Pain Guidelines. The Utilization Review physician stated the medical records do not clearly document objective neurological deficits and imaging studies outline multilevel degenerative changes, but do not clearly document a focal compressive lesion.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECT SPINE LUMBAR/SACRAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Treating physician does note (6/25/2014) "stabbing" pain, but the description is non-specific and is not clearly correlated with imaging and/or electrodiagnostic testing. The patient is taking multiple medications, but the progress reports do not document how long the patient has been on these medications and the "unresponsiveness" to the medications. Additionally, treatment notes do indicate multiple sessions of physical therapy, but does not establish unresponsiveness. As such, the request for INJECT SPINE LUMBAR/SACRAL is not medically necessary.