

Case Number:	CM14-0202313		
Date Assigned:	12/12/2014	Date of Injury:	01/21/2008
Decision Date:	02/04/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/03/2014

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 Family Practice 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 53-year old woman has a diagnosis of lumbar disc herniation due to a work-related injury which occurred on 1/21/08. There is no information in the available records in regards to the mechanism of injury or to treatment prior to 2011. According to the utilization review report of 11/4/14, an MRI performed 8/4/11 revealed mild L5-S1 canal stenosis, and disc desiccation with a 3-4 mm disc protrusion with central canal and foraminal stenosis at L4-5. There were lesser degenerative changes at other levels. The patient underwent a lumbar epidural steroid injection (ESI) at L5-S1 on 11/11/11, followed by 2 more ESI's. Requests for repeat ESI's were non-certified in UR on 7/17/13 and 7/16/13 on the basis that the patient's most recent ESI had not afforded her at least 50% relief for 6-8 weeks. The clinical records available to me contain notes from 2014 only, written by the patient's internist and orthopedist. The orthopedic notes concern a previous shoulder injury with a date of 12/4/97, for which the patient is still being followed. A repeat shoulder surgery is planned. The notes from the internist are handwritten and partially legible. A 10/17/14 note states that the patient had good response to 3 epidural injections over the last 3 years, but that her pain has been increasing lately. There is a minimal physical exam documented which includes spasm and decreased range of motion, with decreased hypoesthesia in both legs. The provider states that the patient obviously needs to be seen by her pain specialist for repeat lumbar ESI. The patient is currently working at modified duty. The internist generated a request for authorization for a referral to a pain management specialist for a repeat epidural steroid injection on 10/28/14. This request was modified in UR on 11/4/14. A referral to pain management was certified based on ACOEM chapter 7. The request for ESI was non-certified because the need for any specific treatment would depend on the results of the consultation weighed against appropriate evidence-based criteria. The UR physician noted that he had talked to the requesting physician, who stated he had really only meant to request consultation with the

pain specialist, and did not really mean to request an ESI. Nevertheless, the patient's lawyer made a request for independent medical review when the ESI was non-certified with at least the tacit approval of the requesting physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to pain management specialist for repeat epidural injection - lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement and Approach to Chronic Pain Management, Criteria for the use of Epidural. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UptoDate, an online, evidence-based review service for clinicians, (www.uptodate.com), Subacute and chronic low back pain: Nonsurgical interventional treatment.

Decision rationale: The MTUS guidelines cited above state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. Epidural steroid injections (ESI's) alone offer no significant long-term functional benefit. The purpose of an ESI is to reduce pain and inflammation, and to restore range of motion in order to facilitate progress in more active treatment programs. Radiculopathy must be documented by physical exam and corroborated by imaging prior to performing an ESI. No more than one interlaminar level should be injected at one session, and no more than two nerve root levels should be injected using a transforaminal approach. 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. According to the UptoDate reference above, in 2014 the FDA issued a drug safety communication about epidural glucocorticoid injection, noting the potential for rare but serious adverse effects (loss of vision, stroke, paralysis, and death) and that effectiveness has not been established. In addition, a large retrospective database analysis revealed an increased risk of vertebral body fracture due to increased bone fragility with each successive epidural steroid injection. The reference states that patients should be made aware of this risk prior to ESI performance. The requesting physician's protestations to the contrary, in this case a referral is clearly being requested for the performance of an epidural steroid injection. The original progress note stated that the patient obviously needs an ESI, and the physician took no measures to assure that the certified request for a consultation without ESI performance could proceed. The clinical documentation in this case does not support the performance of a repeat lumbosacral ESI. The documented findings are not consistent with clear radiculopathy. The requesting physician has documented no clear radicular findings. "Decreased hypoesthesia in both legs" actually means that the patient has increased sensation. If this was an error and the physician meant to document decreased sensation in both legs, this is still not compatible with clear radiculopathy, which is usually unilateral, and does not usually involve the whole leg. The MRI report documents diffuse changes that are not indicative of clear radiculopathy. According

to the records cited by the UR physician, the patient did not exhibit at least 50% recovery for 6-8 weeks after her last ESI. The patient is not engaged in an active treatment program, and no clear functional goals have been documented. Based on the evidence-based citations above and on the clinical records provided for my review, a left lumbar ESI at L5-S1 is not medically necessary. It is not medically necessary because the patient does not have clear radiculopathy documented on physical exam and confirmed by imaging, because it is not clear that the patient had a sufficient response to previous ESI's to warrant further injections, because the patient does not appear to be participating in an active treatment program, and because there are no documented functional goals. In addition there is concern about potentially serious side effects and lack of efficacy of ESI's according to the FDA, and there is no documentation of a rational for their performance in this case that is strong enough to override these concerns.