MAXIMUS Federal Services

Case Number:	CM14-0203183		
Date Assigned:	12/15/2014	Date of Injury:	05/01/2009
Decision Date:	02/06/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/04/2014

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 56 year old male was injured 5/1/09 due to a slip and fall twisting his knee, ankle and back. The injured worker complains of persistent sharp low back pain radiating into the right leg and ankle with numbness and tingling, that was aggravated by repetitive bending with a pain intensity of 4/10 that increased to 7/10 (11/4/14). His pertinent medications include alprazolam, topical creams, metaxalone and Vicodin. Has had acupuncture that offered some relief and as of 11/4/14 six more sessions were approved. He has had physical therapy and epidural steroid injections (ESIs) times 2 but the results of these treatments were not available. Per 10/21/14 office note last ESI was approximately 2 years earlier. A neurosurgical consult was done 8/19/13 and there was no evidence of neurologic findings nor evidence of significant radiculopathy. The recommendation was to continue to treat conservatively with therapy and stretching exercises. No surgery was recommended. His physical exam demonstrated tenderness on palpation at L5-S1; positive straight leg raise; deep tendon reflexes on the right; tenderness over the patella tendon with limited range of motion and crepitus on movement with an effusion, and mild weakness on the dorsal extension of the right foot. There was decreased sensation of the right leg consistent with L5 dermatome. His gait is a limp. MRI (7/18/13) revealed a 4 millimeter (mm) right paracentral herniated disc encroaching the right S1 nerve root. Another MRI was approved 11/4/14. Diagnoses include lumbar radiculopathy at L5 and iliotibial band syndrome of the right side. The injured worker had been on modified duty with modified restrictions (7/29/13) but condition deteriorated and is now off work in the permanent and stationary status with permanent restrictions. Status worsened. Of note the MRI from 11/25/14 demonstrated stable appearance of the lumbar spine with right paracentral disc extrution at L5-S1 and a small posterior disc bulge at L4-5; multilevel joint facet osteoarthritis.On 11/11/14 Utilization Review non-certified the request for a referral to pain management specialist for

epidural steroid injection (ESI), low back based on no clear objective evidence of radiculopathy at any level on physical examination and there was no electromyography (EMG) or imaging study submitted. There is no indication that he has failed all other reasonable conservative care including physical therapy, or that this epidural steroid injection is based on an attempt to avoid surgery. There is no MRI report demonstrating the presence of nerve root compression at any level and the level to be injected is not identified. In addition there is no evidence that the injured worker has been instructed in home exercises to do in conjunction with injection therapy.

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 ESI, low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, page 127 and Official Disability Guidelines, Low Back, Office Visits

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

Decision rationale: In the therapeutic phase of care, MTUS criteria for use of epidural steroid injections state: "...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". There is insufficient documented information concerning amount/duration of pain relief with previous injections or evidence of functional improvement/reduced medication use with previous injections to meet MTUS criteria for repeat ESI. Therefore medical necessity is not established for the requested referral to pain management specialist for repeat ESI.