

Case Number:	CM15-0006011		
Date Assigned:	01/29/2015	Date of Injury:	12/18/2013
Decision Date:	04/21/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Ohio, North Carolina, Virginia
 Certification(s)/Specialty: Family Practice

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 injured worker is a 43 year old male, who sustained an industrial injury on 12/18/2013. The current diagnoses are mechanical back pain with desiccation, slight collapse at L4-L5, facet arthrosis, discogenic pain, and herniated nucleus pulposus and central and bilateral neural foramina at L4-L5 with desiccation. According to the progress report dated 12/8/2014, the injured worker complains of constant low back pain with radiation down the buttocks and right lower extremity to the level of the foot. The pain is occasionally bilateral but generally more on the right than left. The pain is rated 4-5/10 on a subjective pain scale. Additionally, he reports psychological symptoms including anxiety, depression, stress, and insomnia. The current medications are Voltaren, Flexeril, and topical creams. Per notes, he reports side effects of nausea and some heartburn from the medications. Treatment to date has included medication management, physical therapy, MRI of the lumbar spine, back support, and home electrical stimulation. The plan of care includes high volume epidural steroid injection at right L4-L5 and 8 additional physical therapy sessions to the lumbar spine, Voltaren XR, Flexeril, and topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

High volume epidural steroid injection at L4-L5 RT: Upheld

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

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

Decision rationale: Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 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. In this instance, there do appear to be neurologic signs and symptoms consistent with a radiculopathy. However, a lumbar MRI from 1-24-2014 revealed a desiccated disc at L4-L5 but there was no evidence of disc bulge or herniation. The neural foramen were patent and there was no spinal stenosis. The criteria necessary for an epidural steroid injection are not met in this instance. Therefore, a high volume epidural steroid injection at L4-L5 RT is not medically necessary.

Physical therapy x8 visits PO: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Low back chapter. Physical therapy section.

Decision rationale: ODG Physical Therapy Guidelines Allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial". Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8): Medical treatment: 10 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week. In this instance, the injured worker had physical therapy for 2 months following the original injury with a 'slight effect on his symptoms'. There is no documentation provided for functional improvement following that physical therapy.

Additionally, the guidelines allow for 1-2 visits over one week following an injection, not 8.

Lastly, the medical necessity for an epidural steroid injection is not established. Therefore, 8 post-injection physical therapy visits are not medically necessary.