

Case Number:	CM15-0006199		
Date Assigned:	01/20/2015	Date of Injury:	12/15/2009
Decision Date:	03/18/2015	UR Denial Date:	12/10/2014
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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 45- year old female, who sustained an industrial injury on December 5, 2009. She has reported an injury that occurred while moving some heavy binding machines. The diagnoses have included neck and low back pain. Treatment to date has included pain medication, steroid injection, physical therapy, chiropractic therapy, psychotherapy and routine monitoring. Currently, the IW complains of neck, lower back pain and upper back pain. Accompanying symptoms included tingling sensation in her feet. Pain is aggravated by sitting, standing, walking, bending and lifting. Pain is alleviated by lying down, medications, injections, heat/ice and physical therapy. Accompanying complaints included nausea, insomnia, headaches, stomach upset, constipation, diarrhea and depression. The worker had a cervical epidural steroid injection of May 23, 2014 with a reduction in pain of 70 percent and lumbar epidural steroid injection on June 27, 2014 with a 70 percent reduction in pain. There was reported decreased sensation in the left L5-S1 dermatome with an MRI of 1/30/13 reported in record to show Left S1 nerve root abutment. On December 10, 2014, the Utilization Review decision non-certified a request for an epidural steroid injection of the lumbar left L5-S1, noting the documentation did not describe efficacy of past injections and no effort to decrease or discontinue opioids. The MTUS, ACOEM Guidelines, (or ODG) was cited. On December 22, 2014, the injured worker submitted an application for IMR for review of an epidural steroid injection of the lumbar Left L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar epidural steroid injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back- ESI- Therapeutic phase: If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. This is generally referred to as the "therapeutic phase." Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms. The general consensus recommendation is for no more than 4 blocks per region per year. (CMS, 2004) (Boswell, 2007).

Decision rationale: The medical records provided for review do document physical exam findings consistent with radiculopathy with reported decreased sensation in radicular pattern. However, there is no indication of the duration of relief from previous injections as the notes reflect 70% improvement with no duration specified. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). There is also no MRI report included but description in medical note reports findings. As the duration of previous relief is not specified, and repeat injections are only supported if duration is at least 6-8 weeks in a therapeutic phase of treatment, the medical records do not support the use of ESI congruent with ODG guidelines.